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ABSTRACT

This guide advocates an alliance among diverse groups for the purpose of decreasing the incidence of adolescent pregnancy and improving the outcome of pregnancies that do occur. It provides useful information for communities interested in developing pregnancy prevention activities. Statistics about adolescent pregnancies are given and the physical, cognitive, and social development of adolescents is examined. Medical, social, and economic consequences of adolescent parenthood are discussed, along with the consequences for the children of teenage parents. A chapter on program planning addresses the problems of needs assessment, forming program goals and objectives, choosing strategies, and identifying resources. A sampling of research findings is included and sex education, family planning services, contraceptive use, second pregnancies, adoption, and abortion are discussed. The need for program evaluation is examined and various types of evaluation are identified. A section on coalition formation gives steps for forming a coalition and guidelines for coalition meetings. Ways of marketing prevention and of dealing with the media are discussed. The final chapter describes existing programs designed to address the problems of adolescent pregnancy prevention and programs that attempt to improve the outcome of those pregnancies which do occur. (NRB)

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A MANUAL FOR PROMOTING POSITIVE ALTERNATIVES TO ADOLESCENT PREGNANCY

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by

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1984

PREFACE

Members of the State Board of Mental Health and Mental Retardation have become increasingly concerned with some of the critical problems affecting young children and families in Virginia.

It has become apparent that the present service system is not responding sufficiently to the health care needs of mothers, particularly teenagers, or to conditions which influence the beginning of life for children in Virginia.

The State of Virginia has not been without some progress in dealing with the questions of early beginnings for Virginia's children. There is an encouraging amount of activity in a number of localities that have identified early intervention programs as well as family support programs for the emotionally and physically disabled child. The field of infant mental health is emerging and there are exciting early childhood development programs already in place. Good maternal care, healthy early childhood development, effective parenting and stable families are crucial components for all kinds of physical and mental disorders. These needs affect the entire human resource's system. The grave concern at the moment is that as these beginning efforts emerge, the serious economic conditions that face the state will abort many of these programs before they have a chance to demonstrate effectiveness.

It was with that concern in mind that the State Mental Health/Mental Retardation Board sought to bring together a group of people who had experience with childhood programs.

In 1982 the Commissioner of the Department of Mental Health and Mental Retardation, Joseph J. Bevilacqua, Ph.D., along with the State Board created the

Better Beginnings for Virginia's Children Steering Committee. The focus of the Steering Committee became the prevention of adolescent pregnancy. The goal was the development of state and local coalitions to reduce adolescent pregnancy and improve the outcome of those pregnancies that occur.

With the support of a grant from the State Health Department, Bureau of Maternal and Child Health, the Steering Committee was able to develop and implement a statewide training conference, develop guidelines and establish criteria for more than 25 mini-grants to local communities to work on problems of adolescent pregnancy, and to provide information kits and technical personnel to assist local groups in developing local coalitions.

This manual seeks to challenge the perceptions of the public and of service providers about the prevention of adolescent pregnancy. The incidence of adolescent pregnancy can be sharply reduced by prevention activities which are not expensive, excessively time consuming, or limited to specialists. This manual promotes the idea of an alliance among diverse groups, such as private citizens, agency personnel, members of civic or volunteer organizations, medical personnel, or educators, to name a few, for the purpose of decreasing the incidence of adolescent pregnancy and improving the outcome of those pregnancies that occur. Successful prevention efforts must be broadly-based, taking into account the complex interaction of factors leading to adolescent pregnancy, and encompassing a variety of strategies. This manual can supply some of the background necessary to begin prevention activities in your community.

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Like the community coalitions which have been established across Virginia this past year, Better Beginnings for Virginia's Children has been and remains a collaborative effort, taking its success from the concern and labors of many individuals. We wish to express our gratitude and appreciation to the following:

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The Better Beginnings Steering Committee, who represent a myriad of human service and advocacy organizations from all parts of the Commonwealth. Their experience and diverse perspectives on the needs of our children have been invaluable in planning a program which it is hoped will continue to engage the enthusiasm, support, and efforts of child advocates around Virginia:

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INTRODUCTION

Adolescent pregnancy, though hardly a new phenomenon, has become a problem of serious proportions in the past few decades. Not only are more adolescents getting pregnant--one out of five teenagers will experience pregnancy before their eighteenth birthday--but these pregnancies are occuring at increasingly younger ages. As Anastasiow noted, some cultures encourage early marriage and pregnancy. Even in the United States, many couples marry and begin childbearing shortly after completing high school. While many would advocate that these 18 and 19 year olds postpone childbearing for a few years to further explore personal choices of occupation or lifestyle, these older adolescents are neither the main concern nor focus of this manual. For the purposes of this manual, the term "adolescent" will be used to refer to youngsters between the ages of 12 and 19. However, the prevention of pregnancy in youths 17 and younger will be our main concern.

Girls 17 and younger accounted for 12 percent of all first births in the United States in 1980. The health risks for young mothers and their children are serious and may stem partly from inadequate prenatal care. The birth of a child to an adolescent too often sets in motion a cycle of events which neither the young mother nor her child can easily escape. The young women's education may be interrupted, often never to be completed. Lack of day care for infants and a dearth of vocational skills keep her unemployed or mired in low-paying jobs. She may marry, frequently to find the stresses and few choices of their life drive a wedge between herself and her husband. Unprepared for the constant demands of parenthood, she is prone to abuse the source of that responsibility. If she does not marry or if her marriage falls apart, she may resort to living with her own parent or parents, drastically affecting their lives and those of any siblings still at home.

The child born into such circumstances is beset by obstacles from the crib. Poor health care, parental lack of education, large family size, the likelihood of poverty, welfare dependency, and marital discord may shape his life in cruel, irrevocable ways. Children born to teenage parents are more likely to become teenage parents than are the offspring of older parents, perpetuating the cycle of hardship in a seemingly unending fashion.

The above scenario is bleak, and though it cannot be said to describe the lives of every teenage parent, it is apt for far too many. The complex consequences of adolescent pregnancy are explored in greater detail in later chapters of this manual. Issues related to program planning, coalition building, publicizing programs, and effective models of service delivery will also be discussed. A chapter on adolescent development has been included since at least a rudimentary understanding of what occurs during adolescence is needed to plan programs which are effective with this age group. This manual is intended as an introduction to the numerous issues involved in adolescent pregnancy or fostering positive outcomes for those pregnancies that occur. The extensive literature on adolescent pregnancy continues to grow and should be reviewed carefully by those planning prevention activities. This manual attempts to present a review of current research and knowledge in this area as well as referral to more detailed sources of information.

Who Becomes Pregnant?

Although combinations of certain characteristics do increase the likelihood that a teenager will become pregnant, adolescent pregnancy is not a problem limited to one socio-economic class, geographic region, or racial group. It affects the affluent as well as the indigent, concerns blacks, white, and hispanic youth, can happen in Peoria as well as Philadelphia. There have been a number of studies

which attempt to identify the types of girls who become pregnant at an early age. It would be encouraging if an equal amount of time were spent studying the boys who, despite a conspicious absence from much of the literature, have played an equal role in maintaining current pregnancy rates. Teen mothers' partners receive relatively little attention in the research, a disheartening reflection of our society's adherence to a double standard for sexual behavior. Whenever possible, the authors of this manual have sought to present the male perspective. While there is evidence that young pregnant women are apt to pay a heavier price at the hands of a society which still quickly assumes it is "her" problem and "her" baby, the costs to young men may merely be more subtle. The male who wishes to take an active role in deciding the outcome of a pregnancy may find himself virtually without a voice depending on his partner's feelings. When responsiblity for pregnancy is removed or abandoned, choices are taken as well. Those young men who remain involved with partners and children face the same potential narrowing of life's options as young mothers.

The research on pregnant teenagers has not found a psychological profile which is common, let alone unique, to all pregnant adolescents. In fact, the only universal, albeit obvious, identifying factor is the act of sexual intercourse. Despite teenage pregnancy being more prevalent among the lower classes and certain minority groups and in certain parts of the country--a circumstance which has led some researchers to control for these factors—comparisons of pregnant and nonpregnant girls within a single school or community typically have not found group differences in social class or racial heritage.

Findings to the contrary notwithstanding, many studies suggest that girls who become pregnant are well below average in their school performance and achievement test scores even before conceiving. This poor academic picture is

frequently coupled with a history of difficulty and disinterest in school as well as low educational and vocational aspirations.

Data from a variety of sources indicated that, compared with her peers, the pregnant adolescent of the 1960's and early 1970's was more likely to come from a home marked by social isolation and poor familial relationship. She was often someone with very little "meaningful" activity in her life.

Current research suggests the pattern of adolescent pregnancy has changed. Chilman (1979) notes no apparent psychological differences between girls who become pregnant and those who do not. Thus, the evidence for the pregnant adolescent as psychiatrically disturbed appears to be waning. Some researchers have pointed out that many of the accounts of psychiatric disturbance have been provided by persons trained to look for psychiatric disorder who may well imagine symptoms where none exist, especially given the fact that they are studying individuals under considerable stress. One interesting observation made by these critics is that psychological explanations have typically been put forth for white, middle-class pregnant teens while pregnancy among black girls from low-income areas is said to be a socio-cultural phenomenon. Wright (1967), Singer (1971), and Whitted (1978) individually provided evidence that teenage pregnancy is no more accepted among the poor than the affluent. It is merely handled differently out of necessity. Within the lower-class black communties independently surveyed by these three researchers, many families view teenage pregnancy as a social contrary, no evidence supports the idea that teenage childbearing is viewed positively by any group in our society.

In 1975 a study by Cvetkovich et al. of sexual activity and contraception was initated among a sample of 16, 17, and 18 year olds from three U. S. cities.

Many of the teenagers in their sample said they had intercourse because they cannot "say no," because they want to please their partners, and because sex seems expected. Males who had not become sexually active cited moral opposition, family background, or lack of a willing partner as their reasons for abstinence. Among girls, nonvirgins were found to hold more permissive attitudes regarding premarital sex but quite conservative attitudes toward sex roles. The least traditional attitudes toward sex roles were held by virgins considering nonmarital sexual intercourse in the future when they felt "ready."

Some of Cvetkovich et al.'s (1978) findings parallel those of a study completed by Micklin (1981). He found that pregnant teens had more highly stereotyped sex attitudes, as well as lower self-esteem and more passivity than teens who successfully avoided pregnancy.

Brookman (1983) identifies the following gamut of etiologic factors for adolescent pregnancy:

1. Reasons for engaging in sexual intercourse:

   Physical and/or emotional pleasure

   Closeness, communication substitute for affection

   Identification of female as person

   Peer Pressure (what peers do and what peers say they do)

   Rebellion from authority

   Response to stress

   Purposeful manipulation of a relationship

   Renumeration

2. Reasons for nonuse of contraception:

   Adolescent omnipotence (It can't happen to me!)

Incorrect knowledge of risks of conception, fertile period, etc.

Unanticipated intercourse

Fear of contraceptive side effects

Partner objection

Partner sabotage

Lack of access to health care

3. Factors in early pregnancy (usually occur in combination):

Unresolved dependency needs

Insecure feminine identity

Immature ego function (Impulsivity)

Object loss and attempt at replacement

Response to stress

Adolescent omnipotence

Deliberate manipulation

Mixed messages from adults

High regard for childbearing within family or community

The probability of premarital intercourse has been shown to be negatively related to grade point average, guilt regarding sex, mother/daughter communication, and age at first date. The likelihood of premarital sexual coitus is positively related to numerous factors, including age, perceived liberal sexual norms, number of different dating partners, level of home conflict, physical attractiveness, and level of drug use. The diversity of variables associated with the probability of premarital intercourse suggests the complexity of teenagers' sexual behavior. Individual teens are affected to varying degrees by peer, family, and societal pressures. Obviously, these different behavior patterns cannot be addressed identically in all communities or settings. A variety of effective

preventive strategies will be discussed later in this manual and suggestions provided for assessing the particular needs or problems of your community.

Facts About Adolescent Pregnancy

A variety of facts about adolescent pregnancy are presented throughout this manual. The following section is intended as a concise, easily accessible description of the scope of the problem. This information was taken from the Alan Guttmacher Institute's landmark publication, Teenage Pregnancy: The Problem That Hasn't Gone Away; the Virginia School Age Parents Commitee's flyer, "Teenage Parenthood: An Overview"; and the Mott Foundation Special Report, Teenage Pregnancy: A Critical Family issue:

*One in ten teenagers gets pregnant each year, and if present patterns continue, four in ten young women will become pregnant at least once while in their teens.

*The adolescent birthrate has been decreasing but the teen pregnancy rate has continued to increase.

*In 1982, 21,065 Virginia teenagers had pregnancies that terminated in either births, abortions, or miscarriages. These pregnancies resulted in 11,231 births (53%), 8,960 abortions (43%), and 874 miscarriages (4%).

*Of these pregnant teens, 597 were under fifteen years of age. They gave birth to 250 babies.

*In 1982, 1,907 adolescents in Virginia gave birth to their second child and 288 to their third child.

*Nine out of ten teenage mothers who deliver keep their babies rather than releasing them for adoption.

*An estimated two-thirds of pregnancies to adolescents are unintended, and among unmarried teens, seven-eights are thought to be unwanted.

*Between 1976 and 1979, there was a substantial increase in consistent use of contraceptives and in use at first intercourse as well as a large decline in never-use among sexually active teenagers. However, there was also a decline in the proportion of active teens using the most effective methods, e.g., the pill and the IUD, while the proportion using the least effective method, i.e., withdrawal, rose by 46%.

*Mothers below 16 years of age experience a maternal death rate 2.5 times greater than women in the 20-24 age group.

*Adolescent mothers are 23% more likely to give birth prematurely, often losing their babies in the first year of life.

*Without regular prenatal care, teenage mothers are more susceptible to anemia, still births, miscarriages, and low birthweight babies yet most pregnant teens-between one half and two-thirds-get no prenatal care during the critical first three months of pregnancy and one fifth get no prenatal care at all or none until the last trimester of pregnancy.

*Of the 1.1 million teenage mothers in this country, 670,000 have not finished high school.

*Seventy percent of 125 large cities surveyed in 1976 reported that day care services for the children of teenage mothers were inadequate. Of the 1.3 million children of teenage mothers in 1981, only 43,000 were enrolled in day care programs. An estimated 480,000 were cared for by nonworking mothers, relatives, or babysitters.

*The average income in 1975 of white women who gave birth by the age of 16 was about half that earned by families where the mother delayed birth until her middle-to-late twenties. The younger the mother at childbirth, the lower her annual family income.

*Forty-four percent of women who gave birth between the ages of 14-17 are separated or divorced within fifteen years, three times the proportion among women who do not begin childbearing until their twenties.

*By age eight, 70% of children first-born to women at age 17 or younger have spent part of their childhood in a single-parent household. This compares with 25% of children first-born to mothers in their twenties.

*In 1975, about half of the $9.4 billion invested in the federal Aid to Families with Dependent Children (AFDC) Program went to families in which the woman had given birth as a teenager. In 1981, 25% of teenage mothers were receiving AFDC payments.

*Perhaps the worst statistic of all is the evidence that the cycle of teenage childbearing is self-perpetuating.

About twenty percent of teenage fathers and fifteen percent of teenage mothers had a teenage parent-about half again the proportion of those who delayed parenthood past their adolescence. The younger the mother at birth, the more likely she is to have had a teenage parent.

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ADOLESCENT DEVELOPMENT

Adolescence as a discrete period of life is, historically speaking, a relatively new phenomenon. Adolescence is considered by many to be a cultural by-product of the Industrial Revolution. Prior to the twentieth century, few cultures acknowledged the existence of a growth state between childhood and adulthood. The Greeks and the Romans did not recognize it except as a brief 1 to 2-year time during which one matured sexually. The same attitude was taken during the Middle Ages and the Renaissance. In some hunting cultures, childhood ceases at age 8; certain agrarian societies allow it to continue until 12 years of age. Only within contemporary Western culture is the period called adolescence viewed as an extension of childhood dependency.

In terms of physical development, certainly adolescence is a universal phenomenon. In this sense, adolescence begins with the prepubertal growth spurt and ends with the attainment of full physical maturity. What varies among different cultures are the meanings and expectations, placed on developing youngsters as they move through this growth stage.

Finding a simple definition of adolescence is no easy task. Theories of adolescence abound. As Dimack (1937) aptly noted, "of books about the adolescent, there is no end; of facts about the adolescent, there is still much need."

In 1916, G. Stanley Hall, the acknowledged father of adolescent psychology, described adolescence as a period of "storm and stress (Sturm und Drang)" which began at puberty and ended with full adult status by age 22 to 25. Though there

are still proponent's of Hall's stress description, most of the evidence is to the contrary. Instead, for most individuals, adolescence seems to represent a series of slowly evolving changes in a number of aspects of development.

Hall's second major premise was that the adult who emerged from adolescence was totally different from the child who entered it. He thought development from childhood through adolescence was relatively discontinuous. This is certainly true of the physical changes that occur during adolescence; most other behavior changes are relatively continuous. Most importantly, Hall considered adolescence as the period for developing a sense of individuality. Hall opened the door to the scientific study of adolescence.

Sigmund Freud, father of the psychoanalytic theory of personality development, believed adolescence to be much less significant than childhood in terms of development. However, his daughter Anna Freud attempted to address adolescent development from the psychoanalytic perspective. She felt that adolescent behavior is due to a sudden upsurge of sexuality which, in turn, is due to the biological changes taking place during pubescence. Maturational factors (biological change) influences psychological functioning. The Oedipal conflict arises again but is resolved through the attraction to opposite sex peers. Increased sexuality, Freud felt, leads to stress and the creation of defense mechanisms. Defense mechanisms, such as repression, withdrawal, denial, asceticism, and intellectualism-the abstract, impersonal evaluation of important issues in a manner implying they are conflicts for the individual - are a useful means of coping with stress and anxiety. Anna Freud and other psychoanalytic theorists believe that the kind of defense the individual uses relates to the kind of psychological behaviors he will demonstrate.

The theories of Hall, Freud, and others based on a strong biological basis to adolescent development were challenged by the social-cultural theorists. Cultural anthropologist generally discuss the importance of physiological change within different cultures. Ruth Benedict (1983) put forth a formal theory of adolescent development in anthropological terms. She argues that the effect of culture on development is shaped by the differences or similarities that exist between the roles of childhood and adulthood in different cultures. Benedict suggests that cultures vary both in the degree of continuity in child-adult roles and in the nature of the transition from childhood to adulthood. Benedict noted further that in Western cultures there are a number of discontinuities in allowable child and adult behaviors. Her major thesis is that discontinuity in childhood and adult roles produces emotional strain which produces conflict within the adolescent.

Social learning theorists assume that cultural factors shape the social development of the organism by directly reinforcing desired behaviors and by providing models of socially appropriate behaviors. Like anthropologists, social learning theorists describe the environmental (cultural) factors that mold development. Albert Bandura (1964), one of the more outspoken social learning theorists to address adolescent development, criticized his colleagues for perpetuating what he called the "myth" of adolescent turmoil. Based on his own research, he concluded that teenagers who come from stable, loving families, which he believes are in the majority, have been so well socialized, ie., reinforced for conforming to accepted behavior, that adolescence presents few obstacles to them, including sex. Bandura felt normal teenagers may express some anxiety about the changes they experience during this time and wish they had more reliable information, but most readily identify with their parents' standards of conduct, even if restrictive.

Bandura believed those few youngsters who experience a traumatic adolescence are the victims of faulty learning habits. He blamed their parents for failing to provide them with proper training.

Theoretically, adolescence refers to the years between ages 12 to 18. In American society, however, many of the changes, particularly those of a psychological nature, associated with adolescence may not occur until the early twenties. The three stages of adolescence are grouped by age: Early (11-14), Middle (11-16), and Late (16-22). This chapter attempts to provide different perspectives on all aspects of adolescent development. A myriad of factors interact in complex ways to influence development during the adolescent years. An understanding of physical and sexual maturation, cognitive and psychological development, and sociocultural influences is essential if one is to plan effective adolescent intervention strategies.

Physical Development

During adolescence, physical growth accelerates and the primary and secondary sex characteristics develop. The striking growth spurts which occur during puberty are at least as important as the sexual changes in shaping the course of adolescent development. Puberty refers to the stage of maturation in which the individual becomes physiologically capable of sexual reproduction. Menarche, or the first menstral period, usually occurs after the peak in the height growth spurt but does not represent the attainment of full reproductive functioning. Early menstrual cycles are irregular; ovulation may not begin until 12 to 18 months after menarche. The average age for the onset of menstruation in the United States is 12.5 years. The comparable events of puberty in males, less sharply defined, occur an average of two years later.

Menarche is occurring at increasingly earlier ages. The average age of menarche in 1860 was 16.5 Some researchers believe menarche is occurring earlier because of improved nutrition. There may be other factors, as yet unelucidated, which play a role in this change.

The physiological events that lead to physical maturation and reproductive capacity are the result of hormonal activation triggered by the brain. Differences within and between individuals with regard to various aspects of maturity reflect the normal process of maturity. Therefore, it is not unusual for an adolescent to have the ability to father or bear children prior to fully developed physical maturation because of the interactions among different hormones that control these events. Children mature at different rates.

Paralleling the changes in the reproductive system are the adolescent's spurts in muscular and skeletal growth. Except during adolescence, the typical girl is shorter at all ages than the typical boy. For approximately a year or more during the adolescent years, the rate of growth nearly doubles that of earlier childhood years. Girls begin their growth spurt approximately two years earlier than males, and this faster maturation continues into late adolescence in most areas of development.

Sexual dimorphism is evident in the differences in body size and shape. Boys develop greater breadth in the shoulders, while girls have a proportionate widening of the hips. Girls experience beginning growth of the breast and the growth of pubic hair. Testicular growth, enlargement of the larynx, development of the penis, and the growth of pubic and facial hair occur in boys during puberty. Dealing with these striking changes in body configuration is one of the primary psychological tasks of adolescence.

Considerable changes in hormone secretion, genetically determined, occur during puberty. Sensors from the brain begin this cycle of sexual maturation by providing input to the body's neurological system and organizing hormonal secretions. These internal system interactions also influence psychological and social behavioral systems.

Environmental factors may effect the timing, though rarely the sequence, of these developmental events. Generally speaking, though, there is little variation in the sequence and timing of developmental stages. Research has shown that boys or girls who mature early are more apt to have a positive self-concept than those who mature late, particularly boys.

Cognitive Development

As we have seen, there are numerous characterizations of the adolescent years, many conflicting, from Hall's largely discounted "storm and stress" to Keniston's theory of alienation. Erik Erikson described adolescence as a period of identity crisis, a time when the individual, beset by rapid body growth and striking physical changes, seeks to define himself. Erikson felt the physiological transformation which takes place during adolescence leads the individual to question many aspects of life which were formerly accepted. The developmental task of adolescence, Erikson believed, was to integrate childhood identifications with the basic biological drives, native endowment, and the opportunities offered in social roles.

Robert Havinghurst advanced a thorough system of categorizing adolescent developmental tasks in Developmental Tasks and Education (1952). Developmental tasks are those skills, knowledge, abilities or attitudes which an

individual should acquire within a specific period of his life. Havinghurst sees developmental tasks as being acquired through physical maturation, cultural expectations, and personal aspirations. He postulated the following developmental tasks as necessary accomplishments for the individual moving into early adulthood:

1. Achieving new and more mature relations with age-mates of both sexes.
2. Achieving a masculine or feminine social role.
3. Accepting emotional independence of parents and other adults.
4. Achieving assurance of economic independence.
5. Accepting one's physique and using the body effectively.
6. Selecting and preparing for an occupation.
7. Preparing for marriage and family life.
8. Developing intellectual skills and concepts necessary for civic competence.
9. Desiring and achieving socially responsible behavior.
10. Acquiring an ethical system and a set of values as a guide to behavior.

Havinghurst believes some tasks occur largely in response to physical maturation while others develop in response to personal, cultural, and/or social expectations. Society identifies certain times as appropriate for the achievement of certain developmental tasks.

Inhelder and Piaget (1958) advance the idea that intellectual growth during adolescence is the result of changes in underlying logical structures. They suggest that the acquisition of formal operations is the foremost accomplishment of adolescence. Formal operations includes the ability to form abstractions and to consider problems with numerous variables simultaneously.

Anastasiow suggests that the issue in adolescence is often not an inability to construct alternative ways of thinking about a problem but difficulty in making choices. Changes which occur between early and late adolescence in a typical adolescent's approach toward decision-making include increases in the consideration of risks and concern for future consequences, the solicitation of the advice of independent specialists, and a cautious attitude toward the vested interests of adult professionals. The adolescent, unlike the younger child, is able to think about thinking and is able to consider the future with greater precision. Inhelder and Piaget described this as "making reality secondary to possibility". The adolescent tries to establish a coherent story, not only in relation to the present but to "what may happen next".

The construction of ideals is one immediate consequence of thinking about thought. The tendency to compare oneself and others to an ideal is common, particularly during early adolescence. Elkind (1967) suggested that many adolescents, as they become able to take their own thoughts as an object, become capable of introspection and of constructing an "imaginery audience" for which they perform.

Given an increased ability to comprehend the consequences of one's actions, why do so many adolescents unwittingly become parents? Adolescents often lack the ability to integrate principles with practical reality of actual behavior. The naive idealism which often characterizes these years is evidenced by many adolescents' glorified view of parenthood, devoid of the complexities and demands involved in raising a child. A belief in the omnipotence and invulnerability of the individual is seen in the way many adolescents regard pregnancy as "something which happens to other people". These developing analytical reasoning skills affect the adolescent's social development.

Social Development

Adolescence heralds social as well as cognitive and physical development. The manner in which the adolescent perceives himself and others changes during this time. Unlike young children, the adolescent is more aware of the reasons or intentions behind others' actions rather than focusing solely on the actions themselves. They are thus able to predict others' behavior more accurately. Adolescents are also more willing to consider the opinions of others, particularly their impressions of peers. At this time, the adolescent is often extremely concerned with his or her own reputation, the way he is perceived by peers.

Elkind (1967) suggested that it is this capacity to take account of other people's thought that is the basis of adolescent egocentrism. Adolescents may be so preoccupied with themselves that they fail to recognize the difference between their own self-perception and that of others. Accordingly, adolescents assume others are as absorbed with their actions and appearance as they are themselves. The term "imaginary audience" refers to this extreme self-conciousness.

As the adolescent develops the capacity for abstract thought, his self-conception moves from a reliance on concrete referents, eg., possessions or territoriality to ideology, interpersonal style, and self-determination. Anastasiow and Lehrer suggest that the greater differentiation and integration in adolescent impressions allows for adaption for a larger range of social events but also sets the stage for the creation of new conflicts.

Elkind described the "personal fable" as another kind of egocentrism which appears during adolescence and appears to contradict the imaginary audience. The personal fable usually has two elements. Thoughts such as "I am alone, I am unique, no one understands me or experiences what I experience" are common.

This is the first time in an individual's life that such existential loneliness is felt. The other side of the personal fable is a feeling of immortality and invulnerability, i.e., because I am unique, I won't crash this car/become pregnant. This perceived immunity from harm may be at the heart of many adolescents' risk-taking behaviors.

Moving toward greater self-sufficiency and self-direction is one of the developmental tasks of adolescence and the source of frequent conflict between the adolescent and his parents. Most parents do not easily let go of their growing adolescents. There are usually discrepancies between the parent and youth perceptions of the adolescent self. The observation has been made that adulthood arrives about two years later than the adolescent claims, and about two years earlier than parents are ready to admit.

The ambivalence with which parents regard their child's growing independence has both positive and negative effects. The positive side is that the adolescent must try harder and surmount stiffer challenges to convince their parents and themselves that they can survive on their own and that their self-concept can withstand the assaults and responsibilities of independent adult living. However, a parent who clings too tightly can cause the adolescent to feel either guilty or inadequate. Douvan and Adelson (1966) found in their study of a large number of adolescents that either too much or too little involvement can hinder the adolescent's achievement of independence.

Conflict may also arise out of the adolescent's shift away from parental beliefs and values. The adolescent may adopt extreme attitudes or actions as a means of provoking response from others or of asserting the new-found sense of self. The use of arguments and an adversary stance may be used to gather

information about one self and others. Ironically, many adolescents who challenge their parents' attitudes and values ferociously during their teens later adopt similar beliefs and values when they enter their twenties.

Besides parents, peers are the primary reference source for the adolescent's development of self-concept and personal beliefs. Relationships with age-mates become increasingly important during the adolescent years. Peer group influence peaks during middle adolescence and beings to decline after that. Peer groups and friendships with peers provide the adolescent with the opportunity for much of the learning and developing that occur in all life tasks.

Ausubel (1954) identified seven basic functions fulfilled by peer groups during adolescence. Probably the most important of these is to give the adolescent a chance to demonstrate his competence, which Ausubel called, "providing primary status". Ausubel felt that the adolescent peer group also provides a replacement for family, a stabilizing influence, a source of behavioral standards, opportunities for practice by doing, chances for peer modeling, and the safety and insulation of group membership. Ausubel said that peer groups facilitate emancipation from home and parental influence and give resistance to adult standards and authority. Gottlieb and Ramsey (1964) also see the peer group as an arena for testing different abilities and for trying one's skills in diverse roles, including the role of leader.

One stereotyope of adolescence suggests that adolescents conform increasingly to peers and decreasingly to parents. As stated earlier, Brendt (1979) has found, though, that conformity to peers peaks in middle adolescence and then declines. By the end of high school, parent and peer relations have generally entered a period marked by mutual respect and minimal conflict.

An adolescent's acceptance or rejection by peers is affected by many factors, including intelligence, special talents, appearance, socioeconomic status, and ethnic-group membership. Popularity and self-confidence are typically more accessible to members of the culturally dominant majority in most peer groups. Not surprisingly, the main reason for this is that they are able to set the norms by dint of sheer numbers. Members of socioeconomically deprived groups are less likely to be accepted by their economically advantaged peers or even by peers in their own economic group. Results of a similiar sort are usually found with ethnic minorities. However, with increasing ethnic pride and emphasis on cultural traditions, this picture is starting to change.

Rather than a time of dramatic change, adolescence is a time when the self expands and matures, when the self that exists is refined. Radical changes do sometimes occur but usually not in those adolescents who bring a well-defined sense of self to the adolescent years. Parents are among the strongest influences affecting the maturing adolescent. An important aspect of developing a healthy self-image is the quality of the relationship existing between the adolescent boy or girl and the parent of the same sex. Research provides evidence that emotionally healthy attitudes toward others and self are most likely to occur when sons and daughters experience the parents of the same sex taking an active part in the child-rearing process. Peers are also extremely influential by providing a source of self worth, a feeling of community, and an opportunity to test novel behavior and attitude. Physical development and the rate at which one grows are interrelated aspects that strongly influence an adolescent's sense of self. Thus, adolescence is a psychological and physical evolving of the self that has always been present in the child and will become the adult.

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THE CONSEQUENCES OF ADOLESCENT PARENTHOOD

About five percent of U. S. teenagers give birth each year. Both the causes and the consequences of adolescent pregnancy are exceedingly complex. For example, only about 25 percent of all teenage pregnancies are intended despite the fact that less than one in five sexually active teenagers uses contraception. While more adolescent than older mothers depend on welfare, large numbers manage to avoid public assistance. Still, the nine out of ten pregnant girls who keep their babied ususally find their choices in life greatly diminished. Adolescent childbearing frequently sets in motion a bleak cycle of poverty, unemployment, incomplete education, and despair, a cycle which both mother and child find difficult to escape. An examination of factors contributing to the medical, social, economic, and educational consequences of teenage childbearing is presented in the following chapter.

Prevalence of Adolescent Pregnancy

There were more than 1.1 million adolescent pregnancies in the United States in 1980 alone. Though 75% of these pregnancies were unintentional, approximately half resulted in births to teenagers. In 1981, slightly fewer than 22,000 adolescent girls in Virginia became pregnant, resulting in over 11,000 births and 9,000 abortions.

In their book Private Crisis, Public Cost: Policy Perspective on Teenage Childbearing, Kristin Moore and Martha Burt state that the fertility rate among 15-19 year olds has actually fallen, but not as rapidly as it has among older women. However, Moore and Burt point with concern to the large number of teenage births and the increasing rate of out-of-wedlock births to the highest

point on record. Of the 597,800 babies born out of marriage in 1979, 44 percent or 262,700 were born to teenagers. The rise has been greatest among 15-17 year old whites.

Though adolescent pregnancy is a problem which affects all racial groups and occurs at all income levels in America, there are frequently significant racial difference in various aspects of early and out-of-wedlock childbearing which will be discussed whenever possible. Table 1 provides a breakdown of births of white and nonwhite mothers under twenty years of age from 1955 to 1979. "Teenager" and "adolescent" will be used interchangedly to refer to individuals between the ages of thirteen and nineteen years of age. For those occasional births that occur to youngsters under thirteen, similar, though often more dire consequences are seen.

TABLE I

NUMBER OF BIRTHS IN THE UNITED STATES BY AGE OR MOTHER: 1955-1979, FEMALES UNDER TWENTY, BY RACE

	All Races			Whites			Nonwhites		
Year	Under 15	15-17	18-19	Under 15	15-17	18-19	Under 15	15-17	18-19
1979	10,699	200,137	349,335	4,402	12[illegible],970	255,837	6,297	72,167	93,498
1978	10,772	202,661	340,746	4,512	130,957	249,103	6,260	71,704	91,643
1977	11,455	213,788	345,366	4,671	138,223	253,960	6,784	75,565	91,406
1976	11,928	215,493	343,251	5,054	139,901	253,374	6,874	75,592	89,877
1975	12,642	227,270	354,968	5,073	148,344	261,785	7,569	78,926	93,183
1974	12,529	234,177	361,272	5,053	152,257	267,895	7,476	81,920	93,377
1973	12,861	238,403	365,693	4,907	153,416	271,417	7,954	84,987	94,276
1972	12,082	236,641	379,639	4,573	150,897	283,089	7,509	85,744	96,550
1971	11,578	226,298	401,644	4,130	143,806	302,920	7,448	82,492	98,724
1970	11,752	223,590	421,118	4,320	143,646	319,962	7,432	79,944	101,156
1969	10,468	201,770	402,884	3,684	128,156	306,118	6,784	73,614	96,766
1968	9,504	192,970	398,342	3,114	121,166	305,336	6,390	71,804	93,006
1967	8,593	188,234	408,211	2,761	118,035	317,204	5,832	70,199	91,007
1966	8,128	186,704	434,722	2,666	119,800	345,312	5,462	66,904	89,410
1965	7,768	188,604	402,290	2,444	124,294	319,460	5,324	64,310	82,830
1964	7,816	195,220	389,490	2,676	134,596	309,762	5,140	61,624	79,728
1963	7,594	180,564	405,890	2,584	112,096	321,212	4,8[illegible]	54,848	75,662
1962	7,340	172,836	427,462	2,690	117,660	342,172	4,520	51,818	75,970
1961	7,462	177,894	423,826	2,808	125,194	346,512	4,654	52,700	77,314
1960	6,780	182,408	404,558	2,524	129,544	328,586	4,256	52,864	75,972
1959	6,776	177,786	393,262	2,572	125,822	319,548	4,204	51,964	73,714
1958	6,648	171,766	382,418	2,648	121,704	310,992	4,000	50,062	71,426
1957	6,960	170,716	379,496	2,648	120,040	308,934	4,312	50,676	70,562
1956	6,356	160,580	359,842	2,348	112,184	290,638	4,008	48,396	59,204
1955	5,883	149,722	334,375	2,136	103,503	269,175	3,747	46,219	65,200

SOURCE: Private Crisis, Public Cost, Kristin A. Moore and Martha R. Burt, 1982.

In 1978, three percent of 15-17 year olds and 8 percent of 18-19 year olds gave birth. Though the teenage birthrate declined overall in the 1970's, the birthrate decline diminished by age, and for teenagers under 15, there was no decline at all.

Medical Consequences of Early Pregnancy and Parenthood

Teenage mothers and their babies face numerous medical risks. At 46.7 deaths per 100,000 live births, the mortality rate for adolescent mothers is higher than among all age groups except women over age 40. Mothers under age fifteen appear to be at greatest risk for maternal mortality. Similarly, the younger the mother, the higher the risk for such complications of pregnancy as toxemia, anemia, prolonged labor, and premature labor. The risk of death and major complications from abortion rises with every week the procedure is delayed after the 8th week.

In 1981, the Alan Guttmacher Institute reported that mothers under fifteen experience maternal deaths two and one-half times that of mothers aged 20-24. Teenage mothers are 15 percent more likely to suffer from toxemia, 92 percent more likely to have anemia, and 23 percent more likely to experience a premature birth than women giving birth in their early twenties. Poor and black teenagers suffer proportionally more of these health problems, but rate differences by age persist. Since studies done in other countries do not find differences related to mother's age, these discrepancies may reflect differential access to and use of medical care.

The medical consequences of adolescent pregnancy are most severe for the infant, beginning before birth. Babies born to teenagers are more likely to be premature (under 36 weeks of gestation) and to have low birth weights. Stickle

and Ma (1975) found that nearly 16 percent of mothers younger than fifteen delivered infants weighing less than 2,500 grams. This was more than twice the rate for women age 20 to 29. Infants weighing less than 2,000 grams were born to 7 percent of mothers under fifteen, while the rate is 2 percent for mothers in their 20's.

Premature and low birth weight infants typically face adversity in adjusting to life beyond the womb. This early adversity is often reflected in subsequent developmental problems. Neonatal mortality rates are twice as high for infants born to women younger than fifteen than for those born to women in their twenties. In 1980, Broman reported that Apgar scores at 1 and 5 minutes after birth for infants of teen mothers were lower than for infants of older women. Low birth weight (less than five and one half pounds) is a associated with infant mortality and may contribute to serious long-term medical conditions such as mental retardation, cerebral palsy, epilepsy, autism, language delays, hyperkinesis, motor and growth impairment, and neurological dysfunction. Many of these conditions can be prevented if teenage mothers obtain quality, periodic prenatal care and good nutrition starting early in pregnancy. Delivery of a healthy baby does not guarantee a healthy child since other personal and social factors influence the child's development.

Teenagers' behavior patterns are often the biggest bane of programs aimed at reducing the medical risks of pregnancy. Adolescents often eat poorly and neglect their health, even when pregnant. Inadequate financial resources, denial of pregnancy, and ignorance of the need for medical care can exacerbate teen medical problems during pregnancy. Because many teenagers lack the advantages of early and consistent prenatal care, they bear a disproportionate number of low birth weight and premature infants with attendant risks to mother and child.

Social Consequences of Teenage Parenthood

If the adolescent mother and her infant survive pregnancy, the circumstances in which they find themselves may be, at the very least, bleak and barring intervention, lifelong. For the overwhelming majority of adolescent mothers who keep their children, their troubles have only begun. Life opportunities for the adolescent mother are significantly diminished, and children born to adolescents show a distressing tendency to repeat the cycle into which they were born, perpetuating a legacy of poverty and despair.

Disruption of schooling is often the first price the adolescent girl pays for bearing a child. Forstenburg (1976) found in one study that 50 percent of teenage mothers had not succeeded in graduating from high school within five years of childbirth. Apparently, failure to complete their education is due to something other than lack of interest, since one half of those who did not graduate had attempted to return to school after childbirth and 16 percent of this group were still enrolled in school. In a 1978 study by Hardy Welcher, Stanley, and Dallas, only 35 percent of adolescent mothers had completed high school by the time their children were twelve years old a compared with 77 percent of a group of older mothers. Pregnancy and marriage were listed in one study as the most frequent reasons for dropping out of school.

While only 3 percent of adolescent mothers are married at the time of their child's conception, this figure jumps to 20 percent by the time of the first prenatal visit and 25 percent by delivery date. An early first birth is a strong predictor of early marriage. In Furstenburg's (1976) study, adolescent mothers seemed to be aware of the influence pregnancy had on their marriage plans when only one in three felt the timing of her marriage was consistent with her wishes for the future. Most of the mothers in Furstenburg's sample of low-income black

teenagers in Baltimore found their precarious economic situation after childbirth made marriage very appealing.

These early marriages are often the first casualities of adolescent parenthood. Repeated studies point to the instability of teen marriages. Furstenburg (1976) found that 20% of adolescent marriages ended in separation within one year. By three years, 45 percent of the teen marriages had failed; 60 percent dissolved within six years. Peers of the research sample who did not become pregnant during adolescence experienced marriage dissolution rates of about one-half these figures. This trend is more pronounced among whites than among blacks. Given the stresses faced by married teens, this is hardly surprising.

As a result of this pattern, by age eight, 70 percent of children first-born to women at age 17 or younger have spent part of their childhood in a single parent household. This compares to 41 percent of the children first born to women at ages 18-19 and about 25 percent of children first-born to women in their twenties.

Research has consistently shown that first-birth at an early age is associated with larger family size. Early childbirth also appears to be associated with more out-of-wedlock births, closer spacing of births, and high proportions of unwanted children. Moore and Hofferth (1978) found women aged 35 to 52 who bore their first child at age 15 or earlier had three more children on average than women whose first birth was delayed until age 24, controlling for race, religion, education, and other fertility determinants. Women who marry and/or have their first child early in life tend to have additional children more rapidly than do older mothers.

In R. Smith's (1980) report on rural teenage pregnancies, the personality characteristics of adolescent mothers were explored. Smith found that the

adolescent mothers he studied had little self-insight, low self-esteem, persistent difficulty in personal relationships, and a feeling of being at the mercy of external events. These girls were isolated with few close friends or confidants. Another Canadian study found evidence of an increased tendency to psychological problems in teenage mothers who keep their babies. Suicide attempts among teenaged mothers who keep their babies has been estimated as high as nine percent; this figure is seven times the national percentage for teenage girls without children.

This is not imply that there is a cause-effect relationship between adolescent pregnancy and psychopathology. On the contrary, it is probably a question of the availability of support systems. Evidence of psychopathology among pregnant teenagers is decreasing as more middle-class adolescents, who tend to have the benefit of greater emotional and financial support, become pregnant and bear children.

Economic Consequences of Adolescent Childbearing

Given the hardships adolescent mothers typically encounter in trying to finish high school, it is not surprising that they have limited potential in the job market. Besides her lack of education, the unwed adolescent mother must face the difficulties of finding daycare facilities for children under two years of age and the impossibility of paying for such services on a minimum wage salary. There is consistent evidence that teenage parents are more likely to have low status, low-paying jobs or to be unemployed than their peers who delay childbearing. The younger the mother at birth, the lower her annual family income. The husbands of adolescent marriages are usually as inexperienced, unskilled and unsucessful in the labor market as their wives.

Hofferth and Moore (1979) have found that early childbearing affects work experience, income, and poverty indirectly through the effect of an early birth on number of children. Larger family size is associated with less work experience, fewer hours of employment in the previous year, lower earnings, lower income on the part of other family members, and consequently, a greater probability of poverty. The effect of age at first birth through family size is substantial. Among woment at age 27, the impact of delaying the birth one year was found to be a reduction in the probability of poverty of 1.9 percent, just through family size. Women who marry and/or have their first child very early tend to have additional children more rapidly than older mothers. This is one reason many community programs focus on delaying the birth of the second child as a means of fostering positive outcomes to adolescent pregnancy.

Lack of education, job skills, and a second income forces many teenage mothers to resort to public welfare for support. In 1975, about half of the 9.4 billion in the Federal Aid to Families with Dependent Children (AFDC) program went to families in which the mother had first become pregnant as a teenager. Though welfare is neither a continuous or chosen means of support for teenage parents, they are represented disproportionately. Furstenberg (1976) conducted a study in which two-thirds of young mothers in his sample had received welfare at some point within the five years following the birth of their child but only two-fifths were receiving welfare when interviewed. Eighty percent of the welfare mothers Furstenberg interviewed expressed their willingness to accept a job immediately if offered.

As mentioned above, the difficulty and expense of arranging child care can interfere with the teenage mother's ability to be self-supporting. In 1981, the Alan Guttmacher Institute reported that the median annual income of families

headed by women under age 25 was $3,953 - well below the official poverty level - and hardly adequate to cover even a small family's basic needs of food and shelter. Families headed by young mothers are seven times as likely to be poor as those who wait to have children.

Since female workers with little education or job experience face particular difficulty in finding employment that pays well and provides the necessary fringe benefits, such as comprehensive health coverage, the advantages of AFDC, which increases with each child and confers eligibility for Medicaid, are hard to turn down.

In Private Crisis, Public Cost: Policy Perspectives on Teenage Childbearing, Kristin Moore and Martha Burt present an extensive discussion of the public costs associated with adolescent pregnancy. The report the following findings in a review of research regarding the effects of teenage childbearing on various aspects of federal assistance:

- In 1975, approximately 8.5 billion dollars was expended on AFDC households in which the mother was teenager when she bore her first child for AFDC benefits, food stamps, Medicaid, and prenatal care and delivery of infants.

- Cumulative costs to the government for the estimated first births that were expected to occur in teenagers in 1979 were estimated to total 8.3 billion dollars or roughly, $18,000 for each birth to a teenager.
- Between 56 and 60 percent of the AFDC budget went to the households of teenage mothers.

- Teenage mothers disproportionately receive benefits, and due to larger families, they receive larger benefits. Scheirer (1981) estimated that the savings in 1975 would have totaled nearly $150 million if all the AFDC recepients in her sample had been one year older when their first child was born.

- Even 15 years after the birth of their first child, the families of later childbearers are one to two children smaller than the families of teenage mothers.

- A premarital first birth was found to substantially increase the probability of going on welfare.

- Overall, teenage families work longer hours for lower incomes which must be shared by larger families.

- The teenage mother's probability of being in poverty falls between 1.3 and 2.2 percentage points for each year she delays the birth of her first child.

Legacy of Despair: Consequences for the Children of Teenage Parents

Even if the child born to a teenage mother survives unscathed the considerable medical risks associated with adolescent pregnancy and delivery, the circumstances of his early life are apt to be harsh. Large family size, lack of parental education, and probable marital instability pose significant problems to the healthy development of children. The disadvantages of poverty, including poor housing, inadequate nutrition, and lack of health care and educational opportunities, shape lives in cruel, irreparable ways.

The greatest obstacles to the young child's healthy development may be in the immediate environment of the home. Some children born to teenagers have been found to suffer deficits in cognitive development, although these effects seem to be ameliorated if another adult helps raise the child. The few studies on adolescent parenting that exist are revealing albeit discouraging. Though parenting styles differ among social classes as well as among individuals, some research suggests that adolescent mothers are less emotionally involved with their infants, offer stimulation through talking, and provide less intellectual encouragement.

The characterization of adolescent parents as intolerant, irritable, physically punitive, and insensitive which several researchers have postulated may derive from parents' inexperience and inadequate understanding of child development. In deLissovoy's (1973) study of 48 adolescent couples residing in rural Pennsylvania, he found couples uniformly erred in the direction of overestimating the speed of development, sometimes by several months.

However, in Osofsky and Osofsky's (1970) study of mother-infant dyads before and during pediatric visits, adolescent mothers typically demonstrated affection for their infants but engaged in little of the play or verbal interactions, that are so conducive to development.

On the other hand, Epstein (1979) and Granger (1981) conducted separate studies which portrayed adolescent parents as exhibiting late expectations twice as often as early expectations. Adolescents in Granger's study were significantly less accurate in their expectations of cognitive and social abilities than they were for motor and language skills. Their understanding of the developmental stages of

the first year of life was significantly less than their knowledge of development during the second year.

Obviously, much research regarding adolescent parenting styles and knowledge of child development remains to be done. Adolescent parents, like parents of any age group, probably view parenting from the perspective shaped by their ethnic, economic, religious, and personal background. Most of the research on outcomes of adolescent pregnancy have dealt with low SES populations.

Children born to adolescent parents may be a higher risk for becoming the victims of child abuse. Some researchers have speculated that limited knowledge of child development coupled with frustration from the inability to participate in activities common to their peers may provoke many teenage parents to direct their anger toward their children as the perceived cause of their situation. Children born to young mothers have been described as having more behavior problems, poorer reading skills, and lower IQ's. Some evidence of social and emotional problems among the children of teen parents has been found, particularly among boys, but he patterns are less distinct than with cognitive defects. The presence of a father, grandmother, or other adult figure has been found repeatedly to benefit the child's development.

Perhaps most disturbing is the tendency for the legacy of adolescent childbearing to be passed from generation to generation. Of young women who become mothers at age 17 or younger, 22 percent had at least one teenage parent; 43 percent of young fathers had one parent who had a child as a teenager. These rates are, respectively, two and five times the proportion of young women and men who delay childbearing until age 25 or later. Comprehensive, thoughtful intervention strategies are needed to break the bleak cycle of adolescent

childbearing. The following chapters explore planning considerations and possible program models for preventing adolescent pregnancy and fostering positive outcomes for those pregnancies that occur.

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PROGRAM PLANNING

Once you have formed a coalition interested in adolescent pregnancy prevention, it is time to begin the process of program planning. The care you take with planning in the beginning will greatly influence your program's eventual effectiveness. Every community is distinct and its peculiarities have to be weighed in designing an appropriate action program. The same approach to adolescent pregnancy prevention may be perceived as palatable or inappropriate depending on locale. It is wise to look at the literature on adolescent pregnancy before planning specific activities or strategies. There is much to be gained from considering what has not worked in other communities.

The development of a prevention program involves the following steps:

1. Needs Assessment
2. Writing Problem Statements
3. Writing Problem Goals
4. Setting Program Objectives
5. Choosing Program Strategies

The five planning steps are discussed at length in the following chapter. Examples are provided from different program models to illustrate ideas and concepts relevant to the planning process.

1. Needs Assessment

Before an individual agency or a coalition can plan prevention activities they must assess the needs of their community. The assessment will reveal general information about prevention efforts in the area. A good assessment can provide clues about what the community lacks and how the community's needs might best

be met. In addition, it helps determine the prevention strategies that might work best there.

It is important first to determine what kinds of prevention activities, if any, exist in your community. Very often programs aimed at reducing substance abuse or promoting good health are already in place. It may be possible to link prevention of adolescent pregnancy with these programs or at least to make use of information about the community developed through these programs. The service providers associated with other prevention programs are also potential members of the new prevention coalition. In addition to gathering information, the overall objective of surveying prevention providers is to insure that the new prevention coalition does not duplicate existing programs.

The needs assessment should encompass a variety of disciplines. In any community there are a number of people who can be contacted for either general background information or material related to specific prevention issues. A partial list might include representatives from PTA's, social service agencies, city council or board of supervisors, local newspapers, school systems, health departments, civic groups, or individual citizens with a particular area of expertise. This kind of data collection is often referred to as interviewing key informants. The obvious advantage of this type of information gathering is that it is relatively quick and inexpensive. Depending on the kind of answers required, an interview may mean a two hour session detailing community problems and resources or a telephone call to determine the major health problems affecting a particular age group. The core group will begin the needs assessment as they recruit coalition members. The coalition itself can finish the interviews as one of its first tasks.

In addition to individual interviews, the coalition may wish to do a broader community survey. Methods of surveying the community include house to house polling, random sampling through questionnaires, or forums and mass meetings. While community surveys can be time consuming and expensive, in many ways they provide the most accurate picture of conditions. It is sometimes helpful to use the information provided by key informants to focus and limit the kinds of questioning done in the community or to pinpoint neighborhoods that might have special problems or concerns. The assessment might focus on any of the following regarding the local teenage population:

- incidence of adolescent pregnancy and deliveries
- number of teen patients at local family planning clinics
- level of information or knowledge of birth control options, availability of family planning services, and abortion services among adolescents
- lack or under-utilization of prenatal care facilities by pregnant adolescents.
- incidence of teen mothers on welfare.

Identification of these areas will aid the coalition in forming objectives and setting priorities for its first efforts.

A community survey will provide the coalition with a sense of local attitudes and concerns. It can indicate how interested, indifferent, or even alarmed community members are about the issues involved in adolescent pregnancy. (Dealing with the topic of adolescent pregnancy sensitively and in a manner appropriate to a specific community will be addressed more closely in the Program Models chapter.) The survey may uncover an issue, such as drug and alcohol abuse by adolescents, which is a concern of a broad cross-section of the

community. The coalition may confirm that large segments of the local population do not receive health care except in crisis situations. Whatever the community survey reveals is valuable for the prevention coalition. By using this information to tailor its activities, the coalition increases its ability to positively affect change within the community.

While another chapter in this manual will discuss in more detail ways to tailor your message to a particular audience, a few ideas about assessing community receptivity are as follows:

- Prevention activities centered on topics such as prenatal care or teenage pregnancy are directly linked in some people's minds to questions of birth control, abortion, or sex education in the schools. Be aware that these are very sensitive issues and do not inadvertently alienate your audience.

- Take information to your audience. Don't expect the audience to come to you. If the community generally gathers at a fair then have an activity at that fair. If most people in your area ride the bus then try to have your message displayed in the advertising space. The coalition must determine how best to reach its community.

- Even if the coalition members think an area, e.g., parent-child sex education programs, is of vital concern, they should select program targets from those needs identified in the community assessment. The efforts at public education must match community concerns. As the prevention coalition gains influence, it may begin to follow its own interests more when planning activities.

The key to a good needs assessment is an open mind. Be prepared for surprises and be willing to accept what you discover about your community. If the prevention coalition is to succeed it must determine actual problems and issues in the community and use these as the foundation for its efforts.

2. Writing Problem Statements

After completing a needs assessment, it may be helpful to translate the information you have collected into problem statements identifying the kinds of problems you intend to address with your program. Problem statements should represent those problems that you can realistically address, given the technology and resources available. Define your problem statements clearly and accurately. The activities in which you are engaged, even when completely carried out, can be ineffective and even counterproductive if you do not have a clear idea of what problems you are trying to help solve. Major disagreement or ambiguity about the nature of the problems you are targeting can cause confusion among members of the coalition, volunteers, or program staff.

There are a number of constraints which will influence the types of problems addressed, what priority is given to each, and what roles coalition members take in addressing them. The considerations for a single agency will be different from those facing a coalition of agencies interested in sponsoring prevention efforts. Factors which may influence the choice of a target problem for your prevention program include:

Legal Constraints: Social service agencies and other groups aimed at the public welfare are well aware of the need for and mechanics of tailoring program services to regulations of one type or another. Legislative restrictions, specific guidelines accompanying the reception of funds, directions

from a state advisory group, and/or service requirements from a supervisory department must be considered when planning prevention services.

Prevention Philosophy and Policy: The existing philosophy and policies of the agencies comprising the coalition may have a bearing on the type of prevention activities you decide to implement.

Political and Social Considerations: There may be numerous informal constraints which will limit the degree to which you can address certain problems. Among the political and social issues you should consider are:

What types of problems are best addressed by the combined talents of your coalition?

What are the problems that may cause "turf" issues with other groups or agencies not represented on the coalition?

For what type of problem can you receive the most support: (a) from the agencies on your coalition, (b) from funding sources, (c) from state agencies?

What are the predominant values in your community? What position would you expect citizens to take in response to prevention efforts?

Resources: The resources that are available to you will also limit or determine which problems you can address. As was stressed in the chapter on coalition-building, it is important to be aware of the programs and services which already exist in your area, both to avoid duplicating effort and to get an idea of outside resources on which you might rely for your program. The number of staff or vounteers you

have, their skills, the budget with which you are working, and your technical capabilities all should be considered when determining which prevention problems you are going to address.

Having answered these questions, you are ready to begin writing problem statements.

Step 1. List the prevention problems, eg. pregnancy prevention, which the coalition is interested in addressing.

Step 2. Check and make certain that none of the problems you have listed are actually "symptoms" of the true problem. If you can use the word "because" in your problem, "because" is a symptom of the true problem. Focus your efforts on the problem. If you succeed, the symptoms disappear.

For example, your coalition or agency is concerned about the rising rate of adolescent pregnancy, you might list the following problem statements:

1. Babies born to teenage mothers are at-risk for low birth weight, mental retardation, and other problems.

2. Nearly 50% of pregnant teenagers receive no prenatal care during their first three months of pregnancy.

3. Pregnant teenagers frequently do not eat a nutritious diet.

4. Two-thirds of adolescent pregnancies are unintentional:

5. Many sexually active teenagers do not use reliable methods of birth control.

Statements 1 and 4 can be seen as the "symptoms" or effects of statements 2,3, and 5. A successful program which focused on increasing teenage use of Family Planning Services or prenatal clinics, for instance, would probably reduce the number of unintended or handicapped births to adolescent mothers. Statements 2, 3, and 5 would be good problem statements for a prevention program.

Step 3. For each problem listed in Step 1, identify what documentation from needs assessment data indicates the existence and extent of the problem. You should always try to identify the most objective documentation available. When it is not possible to obtain hard research data, "expert opinion," if available, can lend weight to your argument. Consider carefully whether lack of documentation may suggest that you have misunderstood a problem or whether you have identified a problem that either has not come to public attention or that does not lend itself to statistaical analysis.

Step 4. Make sure your problem statements are clear and concise by checking to see whether any of them can be broken down further into several problem statements. Each problem statement should deal with a single issue.

Step 5. For each problem statement, ask the following questions: If the answer is "no," eliminate the problem statement as a possible direction for prevention activities. If the answer is "yes," keep the problem statement and proceed to Step 6.

*Can you address this problem with the legal constraints affecting the agencies in the coalition?

*Can you address this problem given our limited resources - number coalition members or volunteers and financial and technical resources?

*Can you address this problem given the political, social, and economic constraints in the community?

Step 6. Set priorities for those problem statements which remain. Determine which problem or problems are high, moderate and low priority for your agency or group, taking into consideration the above constraints. It is not necessary that the most crucial need be acted on first. Sometimes what is most easily accomplished takes precedence. Early successes build credibility with the community and increase the enthusiasm of coalition members. The ultimate goals, however, should always be kept in mind.

3. Writing Program Goals

Translating problem statements into goals involves a process of reversing the problem sttement so that you can identify a job to be accomplished. Goal statemetns emerge easily from carefully written problem statements. for example, if one of your problem statements read, "lack of self-esteem among teenagers, "the appropriate goal statement would be "assist young people to identify problems and conflicts occuring in their lives."

There is a difference between program goals and program objectives. A goal is a general statement of what you intend to do, subject to different interpretations by various individuals. An objective should be more specific. It tells you what will be done, how it will be measured, and when it will be accomplished.

Another criterion for your goal statements is that they identify the commitments of your coalition. Your full list of goal statements should include the full range of commitments your group wishes to make. You should check to see if your goal statements adequately express your group's concerns while remaining within the scope of the coalition's capabilities.

4. Setting Program Objectives

Writing useful program objectives is crucial to good planning. Though it is not a skill which is familiar to everyone, it is much easier when you are aware of the elements which all objectives should have if they are to be effective management and evaluation tools.

Objectives should:

- identify results or conditions to be achieved rather than activities to be performed.
- state exactly when the desired results will be achieved, eg. by a certain date or within a specific number of months or years.
- be written in terms of what is to be done rather than in terms of what is to be avoided.
- be designed to cover a single end result.
- be stated in quantifiable terms that can be easily measurable in terms of established standards.
- indicate a minimum of achievement or "standard" that is acceptable.
- be realistic and attainable given your resources.

- designate an outcome which is worth the time and effort required to achieve it.

It is essential to begin working from your program goals when writing objectives.

This can be particularly helpful later in identifying potential areas of improvement or new program areas. You will probably have some objectives in which the results are easily measured and some which are more subjective and less suited to statistical analysis. The relative importance of program objectives should not be determined by whether or not they can be easily measured, but it is important to write your objectives in as specific a manner as possible.

The task of evaluation becomes much easier when objectives are written which are measurable, specific, and timelimited. In fact, your evaluation parameters are already identified if your objectives are adequate. With a set of carefully written objectives, evaluation becomes a matter of finding ways of gathering the data identified in the objectives. Writing useful program objectives forces you to think clearly about what you hope to achieve.

Choice of language is crucial when writing objectives. Try to avoid using words which are vague or subject to many interpretations. Words like "improve," "know" and "understand" can mean many different things. If your group is interested in the prevention of unintended adolescent pregnancies, for instance, one program objective might be: "Increase by 40% the number of sexually active teens in the local high school, using a consistent, reliable method of birth control within one year of counseling."

5. Choosing Program Strategies

Once you have written a set of objectives which represent your coalition's goals, the next step is to identify specific prevention strategies and activities you might undertake to fulfill those objectives. The secret to good activity planning is the use of detail. The more specific you can be the more useful this part of the planning process will be.

But, before getting down to specifics, your group should meet for a brainstorming session. The purpose of this meeting is to generate lots of ideas quickly without worrying about the logistics of actually carrying out an activity. The object of brainstorming is to foster creativity rather than practicality. Once you have compiled a list of potential strategies you can begin the process of sorting the suggestions with regard to feasibility and usefulness.

When identifying activities to meet your program objectives, you should again consider potential constraints which may serve to limit the kinds of efforts your coalition or agency can undertake. Generally, these are the same constraints outlined in the discussion on writing problem statements. Briefly reviewed, the constraints which may have an effect on your program and the activities undertaken are:

1. Legal Influences, eg. legislation, guidelines accompanying the reception of funds, directions from a State Advisory Council or supervisory department.

2. Prevention Philosophy and Policies. Various agencies within your coalition may have different ideas of what tactics should be used. Discussion is needed to ensure that members of the coalition or staff

within your agencies agree on what services or activities are appropriate.

3. Resources. What resources will be needed to carry out each specific activity? What is available to the agencies in your coalition? Is there a discrepancy between the resources needed and those available? Such a discrepancy may demonstrate the feasibility of a particular strategy, or it may create the new task of obtaining specific resources. Other considerations when planning program activities include: (this is where the need for detailed planning becomes readily apparent).

   Cost - What will be the total cost of sponsoring a particular activity? If you wished to sponsor an evening film festival on family planning or talking to teenagers, for instance, you would need to consider the potential costs of borrowing the films, the facilitator's fee, use of a meeting room, publicity, and refreshments. Some of those costs might be donated by local merchants or already available without charge. Listing all the tasks involved in implementing an activity will help you estimate the costs.

   Expected Number of Participants - How many people will you attempt to involve or reach with your activity? The more expensive an activity, the more individuals you should hope to reach. Is this the appropriate activity for reaching your target population?

   Time Factors - Does your agency or coalition want to sponsor activities of extended duration, e.g., classes in parenting skills, or events which occur once, eg. health fair dislay? This decision may

be based on available manpower, budget considerations, and the need to choose activities which appeal to the target audience.

The strategies you select will also be influenced by what you and others see as your coalition's role in prevention. This may differ from objective to objective, or be fairly consistent across objectives. Some program alternatives which your agency or group might consider are:

- Information dissemination
- Direct service delivery
- Training and technical assistance to other professionals, parents, or teenagers
- Coordination
- Funding
- Program monitoring and evaluation
- Development of policy or guidelines, or both
- Referral services
- Conferences/Workshops/Seminars
- Outreach to high-risk groups
- Legislative study
- Clinics, e.g., well-baby, family planning
- Advocacy
- Exhibits
- Demonstrations

Your choice of activities will depend heavily on your choice of target population. If you wish to focus on youth, for example, you may wish to plan some

school-based events. If you wish to focus on a broad segment of the public, you should undertake activities which are more community-oriented.

The range of possible prevention activities is immense. In a later chapter of this manual, different program approaches are described. The activities listed are certainly not the only means to help the pubic become more aware of what can be done to prevent adolescent pregnancy. Use your imagination! You know better than anyone else what will interest the people in your community.

The remainder of this chapter presents information on resource identification. You will increase the efficiency and effectiveness of your prevention program by finding out what kind of resources are available from local, state, and national sources.

Resource Identification

It is important when planning your prevention program to be aware of all the resources which are available in your community. Resources include sources of manpower, materials, information, or funds.

A resource can be defined as a new or a reserve source of supply or support. You usually have more potential resources at hand than you realize. For example, in working with community programs in the social services, there is a tendency to spend a lot of time exploring possible sources of support from health and welfare agencies while neglecting other potential sources of assistance such as civic groups, service clubs, religious associations, and good government leagues. These organizations play an important role in the life of most American communities, and as such, should be included in any consideration of local community resources.

A resource, or the effective use of resources is limited only by your imagination. The value of a resource depends upon the use to which it is put. It is

helpful to be familiar with the concerns of different community associations when looking for support. Become aware of the kind of support each group might be able to offer from volunteer participation to physical space to financial help.

When planing your prevention program, don't overlook the following resources:

Educational Organizations, e.g., PTA or local Teacher's Association, Board of Education.

Colleges and Universities, particularly medical or nursing schools, Departments of Social Work, Special Education, Health Education, and Psychology, and student volunteer pools.

Cultural, Fraternal and Recreational Organizations, e.g., art societies, athletic clubs, lodges.

Religious Organizations, e.g., churches, synagogues, and Ecumenical Associations.

Health and Welfare Organizations, such as volunteer organizations designed to meet health and welfare needs in the community, e.g., Planned Parenthood Federation of America.

Civic Organizations, such as men's or women's service clubs, e.g., Lions, Rotary, Ruritans, Junior League.

Community Organization and Planning Organizations, groups such as United Appeals or Community Action Agencies, which are devoted to coordinating and planning, assisting agencies, providing central services, research and fundraising.

Economic Organizations, industry and business can be a valuable and willing resource for manpower, materials, and/or funding for communtiy programs.

Youth Organizations, groups such as Girl Scouts, Boy Scouts, 4-H Clubs, Teen Theatre Groups, Youth Corps.

Government Organizations, besides social service agencies, many of whom will be represented on your coalition, other city, county, or state agencies, such as your City Planning Department, FHA, and Extension Service can be a resource of information or other kinds of aid.

One of the best ways to learn about resources in your community is talk to other professionals. The informal communications network which exists between individuals working in the same or related fields can be a quick and efficient source of information, advice and assistance. If you community has an information referral service or hotline, this is another place to turn for names and possible contacts for some kind of assistance.

One valuable resource which program developers should not overlook is the reference department of the local library. Most public libraries contain a wealth of current information which can be useful to those organizing a coalition or doing a needs assessment prior to planning a program. Reference librarians can assist in the search for specific information, such as the socio-economic characteristics of a community, sources of grant funds, and directories of other prevention programs.

Bibliographic Index: A good place to start to identify bibliographies which have appeared in books or journal articles or which have been separately published.

Reader's Guide to Periodical Literature: Indexes general and popular magazines, like Time and Psychology Today, according to subject.

Public Affairs Information Service Bulletin: Indexes journals, government documents, pamphlets, and books on all social science topics including administration, social welfare, statistics, economics, and political science.

Public Welfare Directory: A guide to federal and state agencies in the United States and Canada which are concerned with public welfare. Program descriptions, addresses, directors, telephone numbers, and other detailed information is provided.

National Directory of State Agencies: : Covers 66 functional agency categories for all 50 states and the District of Columbia.

The United Way Directory: Gives statistics on the fund raising campaigns of the United Way and Community Health and Welfare Councils grouped by state and by city.

The U.S. Government Manual: This annual publication describes the agencies of the legislative, executive, and judicial branches of the federal government as well as many commissions, boards, and committees. Most states also have a similar manual for the state government.

The Encyclopedia of Associations: Lists United States and some Canadian associations including address, telephone number, purpose and publications.

The Statistical Abstract of the United States: Excellent place to start searching for statistics on most topics. Emphasizes national data but some state and regional statistics are included. Includes a detailed subject index to the statistical data. Many states, including Virginia, publish their own statistical abstracts.

United States Census Bureau Catalog: The most detailed and comprehensive socio-economic statistics are available from the U.S. Census Bureau. However, there are many different reports published by the Bureau. The catalog is issued monthly with quarterly and annual cumulations and provides a complete record of the subject and scope of published reports.

The Annual Register of Grant Support: A current guide to a wide variety of financial aid for applicants from the United States and Canada. The Register is divided into ten broad subject fields and is indexed by subject, organization and program, geographic region, and personnel.

The Foundation Directory: Describes grants available from foundations, corporations, and charitable trusts in the United States. This work and its quarterly supplements list the name and address of major national, state and regional foundations. Each entry provides information on a foundation's purpose and activities, financial data on the number of grants, officers and trustees, and the names of persons to whom correspondence should be addressed.

These are just a few of the many reference tools available in most libraries. Since the best approach to prevention is multidisciplinary, it is important to consider what other fields may be relevant to your needs and to investigate the literature of those fields for additional data and alternate perspectives.

A Sampling of Research Findings

Recognizing that adolescents become sexually active for a variety of reasons and that most teenagers who become pregnant do so unintentionally, it is helfpul to examine the research regarding adolescent decision-making. To plan an effective intervention strategy, one must look at the factors influencing the target population's behavior.

A program that works with adults may not work with adolescents. As discussed in the previous chapter on adolescent development, adolescents' cognitive skills, values, and motives may differ from those of adults just as a function of their stage of development. A review of the research regarding adolescent sexual behavior, contraceptive use, and other aspects of teenage sexuality is indispensable to planning effective preventive efforts. A sampling of current research in the field is presented below. It is advised that a more extensive review of the literature be conducted by individuals planning specific intervention strategies intended to reduce the incidence of adolescent pregnancy.

Decision Making

In Private Crisis, Public Cost, Drs. Moore and Burt propose a model of teenage sexual decision making which contains four critical decision points:

1. beginning and continuing sexual activity;
2. preventing pregnancy or becoming pregnant;

3. resolving an unintended pregnancy; and
4. requiring welfare and/or publicly provides support.

Each state in the model is dependent on the outcome of the previous stage. At the third and fourth stages, a number of complex, interlocking factors are involved. Whether teenage decision making is good or bad, conscious or unconscious, analytical or emotional, or well or poorly informed, it is decision-making nonetheless, even if the choice is too remain passive. Most intervention programs appear to assume that teens make decisions and strive to help them make conscious ones.

Moore and Burt recognize that many individuals and organizations are potentially involved at various stages in adolescent decision-making. They identify four types of people at the community level: (a) the teen herself or himself; (b) the teen's parents or other family members; (c) the teen's sexual partner(s), if any; and (d) the teen's friends and other peers. Moore and Burt suggest that any program aimed at influencing teenage sexual decision-making could target one or more of these, either individually or in groups.

Sex Education

According to Teenage Pregnancy: The Problem that Hasn't Gone Away (1981), 8 in 10 Americans favor sex education in the schools. Seven in 10 Americans believe contraceptive instruction should be included in such education. Results were indentical for Catholics and Protestants. Ninety percent of both parents and teenagers think young people should be educated about sexuality and birth control.

Most parents and teens believe parents should also provide such instruction. Eight of ten parents favor discussing birth control with their daughters while 6 in 10 believe abortion should be brought into the discussion. By comparison, only 6 in 10 parents favored discussing birth control with their sons. Half the parents surveyed felt they should talk to their sons about abortion.

In 1981, the Alan Guttmacher Institute survey revealed that even though most school districts were free to offer sex education and birth control instruction, very few do. They found:

- Only 43% of male and female students aged 13 to 18 who were sampled had had any sex education. Regional differences were 55% of teens in the west and 30% of teens in the South had taken a sex education class.

Only 31% of both male and female teens sampled had received contraceptive instruction. Reflecting the gender bias, 66% of the girls sampled had received some sex education while less than 50% had been taught to use contraceptives.

A 1978 survey of high school principals by the National Institute of Education revealed only 36% of public high schools were offered a separate sex education class (apart from health and biology courses). Thirty-eight percent of Catholic schools were providing sex education. The need for sex education is evidenced by numerous studies which show that teens commonly cite ignorance of the need for and availability of birth control when explaining their participation in unprotected sexual activity. Evidence for beginning sex education in the elementary or middle school years is seen in the research which shows that the knowledge of younger teens is much more improved by sex education than that of older teens.

As argument to those who feel sex education encourages teenagers to become sexually active, Zelnick and Kim (1982) found young people who have had sex education are no more likely to engage in sex than those who haven't. Young women who have received sex education are, however, more likely to use contraception when they do become active, and less likely to get pregnant. Zelnik and Kim found that such teenage women were somewhat more likely to have practiced contraception at first intercourse but are no more likely to use a medically prescribed method such as the pill. The found that sexually active young women who have had sex education have fewer pregnancies than those who have not.

To cite two surveys, performed in 1976 and 1979, which reported 75% of teens had taken a sex education course. They point out that this finding differs from that of a 1978 Gallup telephone survey which showed that only 43% of teen had had sex education in school. Zelnik and Kim cite the impossibility of accurately comparing data, however, since the Gallup survey did not distinquish respondents by sex or age. Clearly, differing research methods and the application of the rubric "sex education" to classes varying greatly in content, length, and presentation confound efforts to determine the effect of such instruction on adolescent sexual activity and outcome.

On the question of content, Orr (1982) reported 78% of the sex education courses in his survey of high schools around the United States included information on contraception and abortion. He found 97% provided information on pregnancy, childbirth, and sexually transmitted diseases. Ninety percent of the sex education courses samples cover puberty, anatomy, the influence of drugs and alcohol on sex, dating, and teen pregnancy. Sexual techniques are the subject least discussed. On the average, most courses focus on human reproduction and

venereal disease. Homosexuality, masturbation, and moral or religious values are only taught in half the courses.

Sixty-four percent of the teachers in Orrs study said their course is between five and twenty hours per semester. Only 27% teach a course longer than twenty hourse per semester. Sex education is rquired of all students in 42% of the schools in which it is offered. Fifty percent of the four yar high schools that have such courses offer them to students in ninth grade and above. Among three year high schools with sex education, 81% offer it to entering students.

Forty-two percent of schools offering sex education involve parents in the course through one means or another. Parental permission to enroll is required by 29%. Twenty-eight percent seek parents' assistance in developing the curriculum. Only 12% in Orr's sample permit parents to take part in class discussions. On the average, more topics are covered in the curriculum including a greater proportion of "controversial" ones, when parents are involved than when they aren't. In Orr's sample, parent involvement does not affect teaching about contraception or abortion. Orr could find no evidence that any one type of school of community is more or less likely to provide a sex education course or to include contraceptive information in that course.

An April, 1983 Harris Poll showed that 83% of Americans favor the teaching of sex education in the schools. Of those same respondents, 55% oppose laws that prohibit birth control services to teens who lack parental permission.

Choosing to be Sexually Active

Relatively little research has been done regarding the initiation of adolescent sexual activity, despite its obvious bearing on the rate of teenage

pregnancies. In 1979, Melvin Zelnik and Farida Shah of Johns Hopkins conducted a study of first permarital sexual experiences among American adolescents living in metropolitan areas. Among their sample, 50 percent of women aged 15-19 and 70 percent of men aged 17-21 reported that they had engaged in sexual intercourse in the past. The women had their first sexual experience at an average age of 16.2 compared with 15.7 among the men. Women tended to have their first intercourse with a partner nearly three years older than themselves, whereas men had their first intercourse with a partner less than one year older. Blacks in the Zelnik and Shah study generally experienced first coitus at a younger age than did whites.

More than six in ten young women said they had been going steady with or engaged to their first partner. Fewer than four in ten young men had been going steady with or engaged to their first partner, and they were twice as likely as young women to have had first intercourse with someone they had only recently met.

Seventeen percent of the young women and 25 percent of the young men surveyed said they had planned their first intercourse. Ironically, the young men who had met their partner shortly before intercourse were most likely to have planned the act. The researchers concluded that for most young men and women in their study, the initiation of sex had been a spur-of-the-moment decision.

Forty-nine percent of women and 44 percent of men employed a method of contraception in their first intercourse, either for themselves or their partner. Those who first had intercourse at age 18 or older were most likely to have used a contraceptive. White teenage women were more likely to be protected by a contraceptive method at first intercourse than were young black women, but blacks more frequently used a medically prescribed method.

Roughly three-quarters of young women who planned their first intercourse were protected by contraception (as compared with less than half who had unplanned first intercourse) but more than two-thirds depended on their partner to use a condom or withdrawal. Black women were more apt to take responsibility for contraception than white women who were more prone to rely on their partners.

Those women who had planned first intercourse but not used contraceptives most often claimed they had not used a method because they hadn't wanted to so or hadn't known about contraception. Young women who had not planned their first coitus were most likely to say they had not expected to have sex. Among the male planners, the two main reasons for nonuse were lack of availability of a method and lack of desire to use contraception. Young men who had not planned intercourse cited lack of availability of and lack of knowledge of birth control as reasons for nonuse.

Zelnik and Shah note that the double standard for sexual behavior has diminished to some degree amid the prevalence of premarital sex. They point out, however, that it can still be seen in the relationship that young men and women have with their first sexual partners. While most of the young women interviewed in their 1979 study had intercourse within a "commitment relationship," the majority of males respondents indicated that they had a more casual relationship with their first partner.

Zelnik and Shah concluded that for most young men and women, the initiation of sex had been a spur-of-the-moment decision. They support the fine albeit plausible distinction between general anticipation of sex and planning a

particular act of intercourse. This appears to explain the "nonplanners" who used birth control during first coitus.

Attitudes of Male Adolescents

There has been relatively little research on th preferences and attitudes of teen males and teen's families toward sex, contraception, teen pregnancy, and pregnancy resolution. This dearth of information hinders the design of programs which successfully increase their level of involvement. Some of research that has been done on the attitudes of male adolescents is less than encouraging.

One survey of 421 black, white, and Hispanic males ranging in age from 13 to 19, conducted by Finkel and Finkel in 1978, revealed that among the 69% who were sexually active, only 15% always used an effective form of contraception. Only 35% "sometimes" did so. Whites were more apt to be better contraceptors than black or Hispanic youths; males over 17 were more apt to protect their partner than their younger counterparts.

Among the 72% who indicated they used no contraception during their most recent sexual experience, less than 20% said they believed their partner incapable of conceiving. Their discouraging rational was indifference; as far as they were concerned, what might result from their sexual activity was inconsequential. The researchers concluded that these boys were mentally unprepared for the kind of analytical examination of one's own behavior required to make contraceptive decisions. Still, the contempt for their partner's risk of pregnancy and disregard for the responsibility of their own actions is striking.

A 1977 study of 1017 Chicago males aged 15 - 19 by Vadies and Hale is equally disappointing. Their sample was 81% black and 7.5% Hispanic, and

admittedly included many status offenders and delinquents. Two-thirds of their sample agreed with the idea that it is acceptable to say, "I love you" to persuade a woman to engage in sex. Yet three-quarters of the blacks and almost two-thirds of the others were opposed to abortion. Apparently, they felt their female partners should pay the consequences of their physical desires.

Thompson (1980) provided a further context for examining these attitudes. He surveyed 300 15 to 17 year olds from intact lower-class and middle-class surburban homes, equally split between blacks and whites and between males and females. Among the major sex and racial differences he found in his sample:

- Blacks expressed much more positive attitudes about children and about the advantages of having many than did whites.

- Males were more favorable toward children than females.

- Children were perceived by the young men, especially the blacks, as personal and social assets. These results were interesting in light of research which shows that black men tend, for a number of reasons both within and outside their control, not to marry the women they impregnate (O'Connell and Moore, 1980; Zelnik and Kantner, 1978).

The peer culture may be partially responsible for these attitudes. Numerous recent studies suggest that friends play the greatest role in influencing sexual activities and contraception use among teenage boys. Miller and Simon (1974) found some evidence that males who are highly involved with their own families are less active sexually.

Use of Family Planning Services

Within the first thirteen years following the initiation of Federal support for family planning services, there was a fivefold increase in the number of American women obtaining these services. The number of women using family planning clinics grew from 860,000 in 1968 to 4.6 million in 1981. In that same period of time, the number of clinics providing services reached 5,000. Eighty percent of the patients at these clinics are low-income women.

The proportion of teenaged patients rose from 20 to 33% between 1969 and 1981. An estimated 5 million women 19 year or younger were at risk of unintended pregnancy in 1981. Of these young women, 2.9 million (57%) obtained medically supervised family planning services. Thirty percent of these sought services from agencies while 27% went to private physicians. Of those women receiving services from agencies, 40% attended health departments, 27% went to Planned Parenthood affiliates, and 33% went to hospitals, neighborhood health centers, or community action groups.

A large majority of adolescents seeking family planning services in 1981 used the most effective contraceptive methods. Sixty-five percent used the IUD or the pill. Fiftyfive percent were sexually active but used no birth control method before attending the clinic.

In 1982, Chamie, Eisman, Forrest, Orr, and Torres reported the results of a study of factors affecting adolescents use of family planning clinics in 37 selected U.S. counties. (Counties serving an average of 75 percent of teenagers at risk are defined as "high-met-need;" counties which serve 28% or less are defined as "low-met-need") In this study, only one criterion of effectiveness is considered - the proportion of sexually active adolescents in a county who are at

risk of unintended pregnancy and are family planning clinic clients. The association of this measure of effectiveness with such clinic characteristics as policies, programs for adolescents, fees, and outreach efforts as well as local laws, attitudes, community support, and social and economic demographics was examined.

In summary, the researchers found:

- The clinics in high-met-need areas appear to be more numerous, flexible, diverse, innovative, assertive, and visible than those in low-met-need counties.

- Though none of the sampled counties were in states with laws requiring parental consent or notification for the prescription of contraceptives to minors, laws or policies in high-met-need counties were more likely to spell out the right of minors to obtain contraceptives on their own consent than in low-met-need counties, where there were usually no or ambiguous policies.

- There is no law or policy restricting the sale or display of nonprescription contraceptives in pharmacies but clinic directors in low-met-need counties often believe that such a law exists. Pharmacists in low-met need counties are less likely to display foam and condoms on aisles and open shelves where they can be seen easily. Only one in eight teenage clients in either type of county had ever purchased a contraceptive in a drugstore.

- Physicians in high-met-need counties are more likely to prescribe contraceptives for unmarried minors as young as 15 without requiring parental consent than those in low-met-need counties.

- The main reasons teenagers offer for going to a clinic rather than a private physician are expense, fear of parental notification, and unawareness of appropriate doctors.

Another survey of 1243 never-pregnant teenage clients of 31 family planning clinics in eight cities was conducted in 1980 by Zabin and Clark, who investigated the characteristics that attract teenage clients to a particular clinic and to seek contraceptive help promptly.

A little more than 14% of the respondents went to a clinic before becoming sexually active; 36% went initially because they suspected they were pregnant. The remainder (50%) enrolled after beginning sexual activity but did not suspect pregnancy. The interval between intercourse and enrollment ranged from just a few weeks to up to two years.

Teens gave the following five reasons for choosing a clinic (ranked in order of importance):

- clinic staff do not inform parents
- staff care about teens
- closest to teen's home
- friends go to same clinic
- only clinic known

These five reasons make up 63% of the reasons cited by teens as most important and are also credited most often as contributing to the decision to attend a particular facility.

It is notable that several factors usually assumed to be important in attracting teenagers are not ranked high by the teenagers themselves. For example, only one fifth of one percent of young patients cite special teen hours as their most important reason for attending a clinic, although 66% of adolescent patients attend such special teen clinics.

There were considerable differences in the responses of black and white teens. Black teen patients cited the proximity of the clinic and the clinician's concern for teens as the major reasons for enrolling. Confidentiality and the attendance of friends were most crucial to young white patients. Blacks were more likely than whites to have come to a particular clinic because their mother chose it for them. Fifteen percent of respondents said their mothers chose the clinic for them, and eight percent said other adults did.

On of the most important aspects of the provision of contraceptive services to teens is a clinic's ability both to attract patients initially and to insure they make properly scheduled return visits. Follow-up with adolescent clinic users is difficult due to the demands of confidentiality and to the fact that many adolescents, particularly those from the innercity, engage in sporadic sexual activity and are highly mobile. One effective method of follow-up is to ask the client on his or her initial visit to list three ways of being contacted. The importance of follow-up should be stressed during the counseling. Teens may not appreciate the need for follow-up. In one survey, 96% of the teens sampled who

had not returned to a family planning clinic gave reasons completely unrelated to the quality of services received on their first visit.

Contraceptive Continuation Among Adolescents

Several researchers have examined continuous use of contraceptives by adolescents. Zelnik and Kantner surveyed adolescent women living in Baltimore in 1976 and did a followup survey in 1979. Though it is not possible to guarantee the accuracy of self-reporting, the majority of teenagers completing this survey used birth control irregularly or not at all. By 1979, reported use among the sample had increased overall but the proportion of respondents using the most effective methods had dropped.

In a similar study of 445 adolescents in Philadelphia in 1981, Furstenberg, She, Allison, Herceg-Baron, and Webb found inconsistent reporting of contraceptive use by the teens in their sample. Using their most stringent measures they estimated that 43% of their sample used contraceptives continuously. They found that older adolescents, whites, teens with working parents, and those whose parents had a high educational level were most likely to be continuous contraceptive users. Employment, the existence of steady relationship, current enrollment in high school, above-average grades, and the intention of attending college were traits which were positively correlated with continuous contraceptive use.

Second Pregnancies

As has been stated previously, women who begin childbearing during adolescence tend to have more children, have them closer together, bear more unwanted children, and have more out-of-wedlock births. Delaying the birth of

the second child can make a crucial difference in the life of the adolescent mother and all her children. Moore and Burt (1982) have noted that women with larger families are less able to acquire job training and experience, less available for employment, less able to make ends meet in a given income than families with fewer children.

In the November-December, 1983 issue of Family Planning Perspectives, Kathleen Ford reported the results of her analysis of data from the National Survey of Family Growth. Ford found that 82% of the sexually active teenager mothers in the sample were using contraceptives in the year following the birth of their first child. The majority of those young women used the pill.

The proportion of black adolescents using no method was higher than that of white teens. It was particularly high among young black women under age 18, only 68% of whom used contraception. Eighty-five percent of white adolescent girls under 18 years used contraception.

Of these young adolescent women, 89% who married once pregnant used contraceptives while 74% of those who did not marry used birth control. The probability of pregnancy during the year following the first birth was 17% for all teen mothers. Twenty percent of teens who became pregnant a second time claimed to have planned their pregnancy. Of those teens who had a second, unplanned pregnancy, 70% had not been using contraception in the months prior to pregnancy. Black mothers under 18 years of age had a higher rate of second pregnancies than young white women in this study.

Adoption as a Resolution to Teenage Pregnancy

Despite the difficulties and responsibilities involved in raising a child, of which most teenagers presumably know little, very few teenage mothers choose to give their child up for adoption. There is evidence that many children born to teenagers are virtually raised by their grandmothers, often provoking familial stress and hardship, but a recent statistics show that only 4% of unintended live births to adolescents are placed for adoption. This represents a remarkable shift from the mid-1960's when 90% of pregnant teens and the early 1970's, when 15% of teen mothers put their babies up for adoption. Young black women have traditionally been more likely to keep their babies so much of this change reflects a difference in the behavior of white teens.

Relatively few researchers have focused on decision making about adoption. Young, Berkman, and Rehr reported that the mothers of pregnant adolescents were particularly influential regarding adoption decision-making. Of the 48 pregnant teens studies by these researchers, 80% said their mothers were the most significant persons in their lives. The researchers also noted that 90% of the daughters brought their babies to live in the family home (paralleling the findings of Grow, 1969).

In 1980, Rosen reported in Adolescence the results of his study of 432 adolescent mothers between the ages of 12 and 17 in Michigan. More than half, she found, discussed pregnancy resolution, including adoption, with their mothers. A study by Leyne of adolescent mothers in a Salvation Army group home indicated that teens who were older, whose thinking was more influenced by their parents, who had higher socioeconomic status, and who had less influence from male partners were more likely to make adoption plans.

In 1979, Grow reported that adolescents who parented their children tended to come from non-intact homes, were not students and had less education, were more likely to have known the fathers longer and to have maintained contact with them, and were more likely to have sought help from agencies sooner. Grow refuted the interpretation from previous studies of individual pathology as an explanation for adolescent mothers choosing to raise or place a child. Grow found no difference in emotional health between the two groups of mothers.

Another group of studies has focused on sociocultural variations in norms, attitudes, and beliefs surrounding adoption when presented to black adolescent mothers as an alternative. The reports of individual agencies note the option is rarely exercised. A Detroit adoption agency with a clientele of 600, primarily black, adolescent mothers a year, for instance, reported that only 1% or fewer chose adoption, and 10% or fewer chose abortion. Some researchers note the traditional role of grandparents and the extended family in raising children in the black culture. Still other researchers disagree with this conclusion and cite reports that indicate large numbers of black children unsuccessfully await adoption.

Resnick has observed that most of the literature on adolescent sexuality has not placed the understanding of adolescents' decision making within the context of their growing cognitive awareness. As a teenagers' cognitive ability increase, they become more aware of the consequences of bearing and raising children at a young age. The 1980-81 Twin Cities study of adolescent sexual decision-making and outcomes (not including adoption) demonstrated that the parameters of normal psychological development were crucial in distinguishing among teenage mothers those who aborted and those who used contraception successfully. Resnick found marked differences were evident among the groups of teens studied

regarding an appreciation of the consequences of early parenting for oneself and one's child, the impact on educational opportunity, career development, impact on educational opportunity, career development and earnings. Awareness of such ramifications is neither a given nor a constant in adolescence. Resnick warned that because the complexity, depth, and scope of decision-making changes drastically from early to mid-to late adolescence, failure to consider the ability of teens to make decisions increases the risk of examining dynamic activities such as sexual decision making and adoption in a "psychosocial vacuum".

Resnick describes three implications for professionals working with pregnant adolescents:

1. It is not appropriate to look at unmarried adolescent mothers considering adoption and parenting decisions as members of a subculture whose norms for sexual behavior vary widely from those of the culture at large.

2. One should not assume that current norms about adoption and decision-making are unchangeable. Teenage mothers should be encouraged to explore the widest possible array of choices for themselves and should be helped to identify any misconceptions they have about adoption and parenting.

3. Adolescents vary widely in their perspective of future time and their ability to understand the ramifications of choices made in the present for opportunities in the future. The practitioner should assess carefully the adolescent's reasoning ability and logic in problem solving to better determine how fully and accurately the consequences of various decisions are understood.

Abortion and Pregnant Adolescents

In 1979, 37% of the adolescents who became pregnant chose abortion. The rate had risen from 23% in 1971 and 33% in 1976. Five percent of the girls getting abortions were 14 years old or younger. Abortions exceeded live births for pregnant girls under 15.

Abortion can almost be considered the option of white adolescents; more than half of pregnant white teenagers get abortions, a rate nine times that of pregnant black teenagers. Several researchers have demonstrated that teenagers who choose to terminate their pregnancies tend to have better academic records and higher educational and vocational goals than their peers who carry to term.

Teenagers account for roughly one-third of all legal abortions in the United States. A 1976 Urban Institute study found that states which denied abortion services to women under 18 had higher birthrates among unmarried white teenagers. States that denied contraceptive services to those under 18 showed similar increases of births to black teens.

Federal legislation enacted in 1981 restricted the 50% federal funding under Medicaid for abortions to cases where the mother's life would be threatened by childbirth or where pregnancy resulted from rape or incest (but only if the act was promptly reported). The effect was, of course, felt largely by the poor. Under the Hyde Amendment, the number of Medicaid-funded abortions using federal funds dropped from 250,000 in 1977 to almost zero in 1979. States were still permitted to pick up the full costs of abortions, and in 1980 New York, one of nine states doing so, paid about $12 million for 45,700 abortions. (The state and local governments shared costs equally for abortions certified by physicians as

being "medically necessary".) As might be expected, this situation led to many adolescents crossing state lines in search of help.

Abortion is a choice that few would consider ideal. Many people oppose abortion for moral, religious, or personal reasons. Others feel that bringing an unwanted child into the world to be raised by adults who cannot adequately feed or nurture him is unethical. The debate rages on. Abortion is currently legal; without funding assistance, it is virtually available only to the affluent. It is important to remember that in New York City in the 1960's, when abortion was still illegal, half the maternity-related deaths among black and Puerto Rican women, and 25% of such deaths among white women were caused by "criminal" abortion procedures, some presumably self-induced in desperation.

A number of researchers have compared the mental health status of pregnant teens who choose to abort and those who do not abort. Teens who choose to abort tend to have higher self-esteem than those who carry to term. Fischman (1977) has noted that the choice of abortion may indicate an aspiration for self improvement and upward mobility. Similarly, in a sample of 103 pregnant Canadian teenagers, Guyatt (1978) found that the decision to terminate a pregnancy was associated with a desire to complete school and fulfill one's vocational aspirations.

Susan Phipps-Yonas warns that generalizations regarding today's pregnant adolescents from data collected on previous generations may be misleading. As she points out, although abortion is not universally available in the United States, the fact that many pregnant teens have a choice denied most prior to 1973 means that the situation has changed psychologically since that time. The realities

faced by adolescents have also altered as a function of changed societal norms and values concerning premartial sex, out-of-wedlock birth, and and adoption.

The issue of parental consent related to abortion has further fueled the controversy. In June, 1976 the United States Supreme Court ruled that states may not require such consent by law, although doctors, voluntary agencies, and family planning services can and do refuse abortions in certain instances without written consent from the girls' parents. The Reagan administration unsuccessfully sought to pass what came to be known as the "Squeal Rule" in 1983, which would have required parental notification whenever an adolescent was given a prescription for birth control. Opponents objected on the grounds that the mandatory parental notification violated the adolescent's right to privacy and would result in a dramatic increase in births to teens. One health department family planner commented that clinic attendance by teens dropped even before the rule was intended to take effect due to teens' fears of their parents finding out they had received birth control.

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PROGRAM EVALUATION

Program evaluation can be defined simply as an assessment of the extent to which programs meet their stated goals. Evaluation should be an integral and ongoing part of program planning to ensure that it facilitates rather than disrupts program activities. When you evaluate a program, you are really trying to answer the general questions: How is the program doing? Are you accomplishing what you set out to do? Evaluation is an integral consideration in the entire planning process.

There are a number of reasons for evaluating programs. Program evaluation helps service providers to improve programs so they are more effective and responsive in meeting community needs. Evaluation assists us in determining changes in conditions and behavior and whether these changes were brought about by a specific program. Program evaluation can be instrumental in securing support from the community for an effective program. Additionally, program evaluation can:

- increase client/public satisfaction
- assist in the reexamination of theoretical assumptions
- redirect program goals and objectives
- review program operation
- improve program results
- justify continued or future funding
- enhance public relations
- meet funding or legal requirements
- increase cost-effectiveness

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- redirect program goals and objectives
- review program operation
- improve program results
- justify continued or future funding
- enhance public relations
- meet funding or legal requirements
- increase cost-effectiveness
- provide state-of-the-art data
- help planners design programs
- assist in commparing prevention techniques and program models

Before beginning a program evaluation, a decision must be made regarding what evidence of change will be used and how it wil be obtained. There are two important points of reference in program development and evaluation: the present situation and the situation or goal to be reached. A program is developed as a means of getting from the first point to the second. Evaluation attempts to discern whether a program has helped us reach our objectives, and if so, in what way.

There are a variety of aspects on which a program can be evaluated. In general all come under the heading of either input, process, or outcome. The crucial question, however, is whether a program has wrought any changes. To answer this, you must know the point from which you started and the situation which resulted. A program's starting point is referred to as its "baseline" and is a description of the situation using certain key aspects or objective indicators. For example, a program aimed at preventing teenage pregnancy might have as a

baseline statistics regarding the number of teenagers using local Family Planning services. After a program has been operating for some time, take another look at the indicators. If they have not changed, it is reasonable to assume that you are not moving towards your goals or that you have used the wrong indicators.

An effective prevention program might induce change in one or more of the following areas:

- Target Population Knowledge or Skills
- Individual Behavior/Actions
- Community Organization
- Community Feelings and Attitudes
- Physical Facilities/Resources

Besides finding out what changes occurred, evaluation should identify who was affected by a program and who was not, and how to use the information you get. Programs do not always succeed in reaching their intended audience. This may indicate that a new approach needs to be taken.

"Why did it happen this way?" is another question the program evaluator should ask. If a program is not effective, don't waste time blaming others or complaining. Look for the actual causes of the problem. There may be a number of reasons why your program failed to achieve desired results. Problems may arise from ignorance or lack of appropriate involvement on the part of the public. Or, your failure may be due to a miscalculation of needed resources or to poor timing.

As has been said, the goal of an effective program is to bring about some kind of change in behavior, attitudes, or conditions. The evaluator must discover more

than who and what has changed because of a program. It is also important to find out how permanent and widespread that change is. A worthwhile program will encourage lasting change. Most program planners are seeking durable and widespread effects.

Sometimes programs produce side-effects which are neither intended or anticipated. Your program may influence the lives of individuals or groups outside your target audience. This influence could be perceived by those affected in either a negative or positive way. Leadership may shift as a new program attracts talent and interest from individuals in the community. The emergence of new leadership may be of benefit to the community but can create conflict and friction. New obstacles may defeat long-range goals. Be alert to program side-effects which may jeopardize the ultimate objective.

Who Should Evaluate?

Someone has to interpret program findings and decide what they mean. An evaluation specialist can either perform a complete program evaluation or help staff, coalition members, or the general public, have access to a program by:

1. helping to check the accuracy and completeness of their information
2. locate resources they may not have considered
3. select suitable evaluation tools
4. provide guidance for the selection of change indicators and the effective use of procedures
5. provide objective insight and testing of local judgments.

If available, prevention program planners may get experienced help and advice in evaluation from a local college or university, the State Department of Mental Health and Mental Retardation, and/or Department of Health.

Some general principles of program evaluation which have been presented thus far in this chapter are:

1. Program planning must always include provisions for systematic evaluation if you are to understand why you have reached or failed to reach program objectives.

2. Plan to evaluate the effectiveness of your program with regards to short-term, tangible goals as well as more complex, long-term goals. Dividing the program into manageable units for evaluation will yield more useful information for further planning than a judgment of overall accomplishment.

3. Keep records of the important aspects of the program as it develops.

4. Start in simple ways, by using easily available and observable indicators at first but seek increasingly accurate and dependable means of measuring progress toward planned changes.

5. Use evaluation methods which are "reliable," techniques which produce the same results regardless of who uses them, eg. objective measuring instruments.

6. Selection of evaluation procedures should be based on the type of information desired as well as on the conditions under which that information will be collected.

7. Before deciding on a particular evaluation procedure, find out what it requires in terms of skills, money, equipment, and time. Make certain that you can provide adequate resources to carry out the evaluation you have planned.

8. Realize that while an evaluation may show that you are not getting the results you seek, it can provide an opportunity to restructure your program and improve its effectiveness.

9. If possible, get experienced help and advice in choosing and designing the evaluation component of your program.

10. Consider the psychological conditions, or climate of change. Citizens' attitudes towards leaders, resources, or agencies are important in determining the success or failure of a program. Without community participation or support, even the best-laid plans will fail. By contrast, a relatively ineffective yet traditional program may continue indefinitely when regarded favorably by the public.

11. Don't be afraid to try different procedures for gathering or evaluating information.

12. Don't overlook the fact that programs have a tendency to change while being evaluated. These changes may reflect the shifting availability or program funds, staff substitutions, or changes in target population and community conditions.

What Do Your Findings Mean?

The task of interpreting the results of an evaluation should be a group effort. Involvement of the leaders of groups affected by the program, program staff or volunteers, and the evaluation consultant gives the advantage of numerous perspectives and added insight. An evaluation consultant can be a particularly effective sounding board for the interpretation of program staff or others by asking challenging questions and providing the objectivity of someone less closely involved in a program.

The following steps will help your group make the best use of your data:

1. Add up all the facts and arrange them in logical order. It is easy to make unwarranted assumptions when information is incomplete or unorganized.

2. Raise as many questions as possible about relationships among the various findings as well as between these findings and other known facts. For example, suppose that your community has a high incidence of adolescent pregnancy. You might ask yourselves if this is due to a lack of family planning clinics. Do adolescents know that contraceptive information and family planning materials are available at area health clinics? Is transportation or location a problem? What social stigmas are involved? Could there be other explanations?

3. List interpretations and try to reach a consensus on them. Test these interpretations against known facts as well as your own experience.

4. When making recommendations for your program, list as many courses of action as possible. Examine each for strengths and weaknesses.

5. Involve those responsible for carrying out program activities in the actual drawing up of recommendations. If they are part of this early planning, the likelihood of action later is much greater.

Stumbling Blocks

Despite careful planning, you may encounter unexpected obstacles to program evaluation. An awareness of some of the impediments to effective evaluation should prepare you to recognize potential problems early on or ideally, to avoid them altogether.

1. One of the most common obstacles to effective evaluation is failure to build evaluation into a program from the beginning stages of planning.

2. Adequate evaluation requires time and resources. Individuals will be more apt to become involved in an evaluation effort which is part of periodic or ongoing program assessment than one which is an end in itself and unrelated to further program development.

3. People change. It may take years before changes are measurable. The adoption of new practices, even when proven effective, or attitudes, does not happen overnight. Do not lose heart.

4. Some changes do not last. New skills may be lost through disuse.

5. There may be a conflict between professional standards and "Do-It-Yourself" attitudes. There is a tendency to separate the things people can do for themselves from those that should be done by experts. Action s requiring special skill or knowledge often are considered the exclusive domain of "experts." Professionals working with a community

must learn to bridge this gap by offering help rather than telling community members what they should do. Citizens for their part, can make better use of experts by regarding them as resources for improving local skills.

6. It is often difficult to distinguish between cause and effect. Even if you can show that changes have occurred, it is not always easy to prove that they were the result of your program. The changes may have occurred anyway. Programs often have unexpected side-effects, and simple cause-and-effect relationships are rare. When evaluating programs, it is useful to look for explanations of change other than the obvious ones.

7. Motives may influence your ability to evaluate a program objectively. Unconscious wishes and attitudes may distort perceptions. Judgments of goodness, rightness, and even effectiveness are often based on feelings or habit. You can resist having such judgments challenged by relying on provable and demonstrable facts. Some practices honored by tradition and custom are seen as beyond reproach. We balk at the idea of evaluating them. This can frequently be said of educational routines, patriotic matters, and the priviledges accorded certain groups.

Process/Outcome/Impact/Evaluation

It is generally accepted that there are three main types of evaluation. These include process evaluation, outcome evaluation, and impact evaluation.

Process evaluation is a thorough description of a specific prevention program. Its intent is to evaluate the target population, the people managing the program, the services being offered, and the resources that are available.

Outcome evaluation measures the effect a program has on the people partcipating in it. Outcome evaluation attempts to show what effect the program has made on its participants and whether its going in the right direction. Certainly a goal of this type of evaluation is to be able to measure a change in attitude, philosophy, behavior, etc. of a target population.

The final type of evaluation is called impact evalution. Impact evaluation attempts to examine the total effect a program has on a community. There can be many definitions for community: church, school, city, town, etc. One way of measuring the incidence of adolescent pregnancy within the community is by community surveys. "The attempt is made to gauge the impact of a program operating over an extended period of time or of several programs operating within a specified geographic area."

One type of evaluation is not intrinsically better than another. Each approach represents a particular way of thinking which defines what evaluation questions should be asked. Program planners often focus on input, process, or output at different times to achieve a comprehensive evaluation strategy.

The fluid nature of process evaluation makes it particularly appropriate for small programs, such as many serving rural populations, and for new, short-term projects, eg. programs funded by time-limited grants. Process evaluation is the most flexible of the three models and permits ongoing program improvements. One of the drawbacks of this type of evaluation is that it produces no evidence of program-inspired changes in attitude or behavior but assumes that the designated

program activities are useful. Process evaluation cannot be used to compare program models and thus, is not a good tool for purposes of judging the effectiveness of different prevention strategies.

One strength of outcome evaluation is its assumption that individual objectives in a program can be evaluated in isolation from other program objectives. Outcome evaluation is considered an objective and reliable analytic tool because it omits the values of the evaluator by not requiring that he judge the appropriateness of program goals. This approach is also helpful in breaking broad and abstract program goals, eg. to prevent the incidence of adolescent prgenancy caused by a lack of family planning services, or sexuality education, into discrete, measurable objectives.

One limitation of outcome evaluation is its reliance on ex-post facto data or retrospective data. It is not always possible for evaluators to accurately attribute attainment of objectives to a specific set of input variables. Objectives may be achieved as a result of environment factors over which the program has no control. Another drawback of output evaluation is its overly formal consideration of objectives, which may work against the experimental and flexible format of many prevention programs.

The final choice of a particular evaluation model depends on the type of information you want to obtain. Two types of information of particular value of local prevention programs are:

1. participants' feelings about the program
2. specific ways in which the program has been useful or effective in encouraging change in attitude or behavior.

No matter what method you choose to gather this information, it is essential to have a written plan stating what you hope to accomplish and how you hope to accomplish it.

A number of different evaluation techniques are available to program developers. They vary greatly in terms of the amount of time, money, and labor required. The following list ranges from inexpensive, informal methods to more costly formal evaluation efforts:

- Informal observation of program participants
- Informal questioning of target group
- Structured interviews with staff, program participants, and/or general public regarding impressions of program
- Study of agency or hotline records, radio/TV audience demographics or newspaper files.
- Anecdotal observations of program activities
- Yearly/bi-annual evaluation meeting involving program staff, participants, coalition members, and/or general public
- Peer review
- Case history studies
- Comparison of program participants to general state, city or national population
- Questionnaire/survey given to participants following program intervention
- Administration of pre- and post-tests to target group to identify knowledge/attitude change
- Pilot testing of media materials on sample group

- Use of formal, standardized scales, eg. attitude, knowledge, or self concept
- Longitudinal study of target groups to see if knowledge/attitude behavior changes remained over time
- Comparison of experimental control groups
- Incidence and prevalence studies

Points to Remember

* Evaluation is most effective when it is an ongoing part of program planning.

* Program evaluation can be defined as an assessment of the extent to which programs meet their stated goals.

* Program evaluation can be helpful in the creation of prevention programs which are both effective and responsive to the needs of the community.

* The two important points of reference in program development and evaluation are: the present situation and the situation or goal to be reached. A program is developed as a means of getting from the first point to the second.

* Program evaluation can determine the answers to the following questions:
  - What changes occurred?
  - Who was affected by the program? Who was not?
  - How many were affected?
  - Why did it happen this way?
  - How lasting were any changes which occurred?
  - Were there any side-effects?

- What do staff think of the program? What do participants think of the program?
- What services are actually provided?
- What does this program cost?

* Evaluation for the effectiveness of both short- and long-term goals.

* Keep records of the important aspects of the program as it develops.

* Selection of evaluation methods should be based on the type of information desired as well as on the conditions under which that information will be obtained. There are a wide range of evaluation techniques available to program developers.

* When possible, get experienced help in selecting and designing the evaluation component of your program. Evaluation expertise can also be helpful when interpreting your findings.

* When evaluating programs, it is useful to look for explanations of change other than obvious ones.

* Four types of evaluation are design evaluation, input evaluation, process evaluation, and output evaluation.

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COALITION FORMATION

The topic of this chapter is coalition formation. A coalition can be defined as a group of individuals who pool their knowledge, energy, time, resources, and commitment in order to achieve a particular goal. In this case, the common goal is a reduction in the incidence of adolescent pregnancy and the fostering of positive outcomes for those pregnancies that occur. This chapter is written on the premise that individuals working together can be more effective in reaching a goal than they can by working alone.

The actual composition, structure and activities of the coalition will be determined by local circumstances. The coalition may have four members or twenty-five members. It may attempt advocacy, lobbying, or public education. It may exist for years or disband once it secures a new service or piece of legislation. The members of the coalition will determine its purpose and specific goals. This chapter merely provides background information for developing and maintaining a prevention coalition.

HOW TO FORM A COALITION

The way the coalition is formed and structured will, in part, affect how successful it will be in meeting its objectives. Ideally, the group will devote most of its energy to prevention activities rather than resolving internal conflicts. Such concentration is possible when the group decides the details of operation in the beginning. The following guidelines may be helpful:

Step 1. Be Clear on Reasons for Forming a Coalition

Suppose you want to form a prevention coalition - where do you begin? You have already taken the first step because you have a general idea of the reason for forming the coalition. You understand that prevention of adolescent pregnancy is a feasible goal. You are looking for an effective means of initiating prevention activities in your area.

In the past, few groups have had a focus on prevention of adolescent pregnancy. The new coalition can bring together concerned citizens, representatives from a variety of organizations, and staff from a number of agencies. These members can aid in one of the most important tasks of the coalition - to motivate agencies to internalize the need to undertake prevention activities. For prevention to become a priority in most agencies the impetus will probably have to come from an outside influence such as the prevention coalition.

When forming a coalition try not to be impatient. The coalition must stay in existence long enough to affect the community or to resolve a particular problem. This can be a slow process since the membership will change.

Step 2. Be Aware of What is Already Being Done in Your Area

As you work to initiate a new coalition it is important to be aware of what already exists in your area. A prevention coalition must complement existing services and not threaten them. In most cases, a prevention coalition offers a new approach to issues and fills a gap in services rather than duplicating efforts already being made. Be sure this is the case in your area before proceeding further. Another section of this handbook discusses needs assessment in detail.

Step 3. Select a Core Group to do Preliminary Planning and Recruitment of Members

One key to successful coalition formation is an active core group. This core of 3 to 4 individuals can divide the work of organizing the coalition. No one person can or should try to initiate such a group alone. The single most important quality a core member should have is an interest in working on prevention activities. Other factors might include a good knowledge of the community, an ability to recruit members for the coalition, and time available to work for the coalition. While a core group will do preliminary planning and recruitment of members, it will be the members themselves who make the decisions about the operating procedures and projects of the coalition. If there are no more than a total of 3 or 4 people in your area who might join the coalition, then proceed with just that core group. You can still be very effective.

Step 4. Invite Potential Members to an Organization Meeting

The core members should approach prospective members individually and in person. In order for a coalition aimed at the prevention of adolescent pregnancy to appear legitimate to the public and to service providers, it should have a diverse membership. If the following groups or individuals are not represented in the core group, than definitely invite them to the first meeting of the coalition:

- Community Services Boards
- Health Department
- School Systems
- Social Service Agencies
- March of Dimes Chapters

- Medical professionals and Associations
- Media
- College or university students or faculty
- Civic groups, eg., Junior League, Kiwanis, Lions, Rotary, Jaycees
- Volunteer organizations
- Planned Parenthood
- Churches and Synagogues
- Business representatives
- YMCA/YWCA

The only requirements of membership are an interest in and a willingness to work actively for the prevention of adolescent pregnancy. Some individuals may hear about the coalition and volunteer to join without being asked. Definitely include such highly motivated individuals in the group. Make it clear, however, that the coalition is an active, working group, a group whose members will plan and implement their own activities, not advise staff on what must be done. A concerned Advisory Board can be a great asset to any program. Your prevention coalition is not an advisory board, though, so clarify that when recruiting members. Individual effort will be the fulcrum of coalition success.

Step 5. Prior to the First Meeting Send Out an Agenda and Background Information

Prior to the first meeting, it is a good idea to send all the potential members an agenda and some background material. The background material might include the general purpose of the group, statistics on adolescent pregnancy, brief outline of other prevention activities in the area, or preventive strategies that could be

initiated. Much of this information will repeat what was said in the initial personal contact by a core member. It is still important to give out information in writing. Everyone will then understand the purposes of the meeting, have a stake and interest in the group, and will attend with a willingness to contribute.

Step 6. Stress Benefits of Membership in the Coalition

The first question a potential member is likely to ask is about the benefits of joining this coalition. The major benefit is, of course, a chance to play a role in the reduction of adolescent pregnancy. Some of the secondary benefits include:

- chance to work with a variety of service providers
- increased knowledge of services offered by other organizations
- combination of resources and expertise in a united effort to initiate adolescent pregnancy prevention activities
- increased chance to have positive affect on community through group effort
- recognition of group as source of information about prevention of adolescent pregnancy
- potential for advocacy as group becomes recognized authority on prevention
- development of personal knowledge and skills
- chance to participate in challenging undertaking

This partial list of benefits should include enough potential personal development and community service to encourage most people to attend the first meetings of the coalition. As time passes the coalition results will sustain member interest and dedication.

Step 7. At First Meeting Begin to Set Operating Structure

The first meeting of the coalition will have two purposes. One purpose is to make sure all the members know one another and understand the reason for forming the coalition. Because each member has been consulted individually and has received background material, this process should begin smoothly.

The second purpose of the meeting is to develop an operating structure. Some of the questions that must be decided include:

- how to determine leadership (e.g., whether to select a chairperson, etc.)?
- how often will leadership change - Ideally leadership rotates among all members over time.
- how often will meetings be held, where, how long?
- who serves as staff to the coalition - who is responsible for preparation of minutes, agendas, reports, notices
- how often will the coalition evaluate its activities, revise its objectives, consider its effectiveness?
- who will be responsible for maintaining the coalition archives?

These answers should be determined by a consensus of the members. They may take the form of bylaws or informal guidelines, but in either case should be written down. As the group begins to determine its structure, it will also begin to coalesce into a tight working unit.

Step 8. At First Meeting Begin to Determine Goals of the Coalition

The first meeting is also the time to begin formalization of goals and objectives for the coalition. This type of activity will continue as long as the coalition exists. The goals may be continually revised as the coalition evolves. It is important, however, that each individual leaves the first meeting with an understanding of the general goals of the group. They can then determine if they will, in fact, become members of the coalition.

Rememer the 8 Steps for Coalition Formation

1. Be clear on reasons for forming a coalition.
2. Be aware of what is already being done in your area.
3. Select a core group to do preliminary planning and recruitment of members.
4. Invite potential members to an organization meeting.
5. Prior to the first meeting send out an agenda and background information.
6. Stress benefits of membership in the coalition.
7. At first meeting begin to set operating structure.
8. At first meeting begin to determine goals of the coalition.

Some Guidelines for Coalition Meetings

Participation in the prevention coalition will inevitably lead to spending time in meetings. Anyone who attends meetings frequently can corroborate that some are more productive than others. The following suggestions can help make coalition meetings more effective, efficient, and even more interesting.

Organization Tips:

- Parliamentary procedure provides a structure and rules for action designed to keep a meeting on track. If the coalition is large, some kind of formal structure, if only agreement to stick to the agenda and resolve one issue at a time, is necessary. If the coalition is only 3 or 4 people then meetings can be more informal, but they should still be used primarily for the business of the coalition.

- Up to a point, the effectiveness of your coalition increases with the size of your membership. It is difficult, however, to have a good working meeting with more than 10 to 12 people.

- It is impossible to have an efficient meeting without an agenda. Preferably the agenda is circulated in advance and allows time for addition of items at the start of the meeting.

- The coalition should have a regular meeting time - the same day of the week and hour of the day every two weeks or monthly. All the members can keep track of the schedule more easily that way.

- The most convenient time for meetings should be determined by the members. Some groups find it easiest to meet at lunch time. When members are attached to school systems or travel great distances, late

afternoon meetings are better. Keep experimenting until you find a time that suits your coalition.

- Keep the meeting short. An hour and a half to two hours should be sufficient for most regular meetings. If the coalition is involved in unusual activities, planning a public education campaign for instance, there can be short meetings in addition to the regular monthly or twice monthly meetings.

- Make it pleasant to attend coalition meetings. The meeting site should be accessible, have plenty of parking, and be physically comfortable. Refreshments, even just coffee and tea, are always a good idea.

- If the members of the coalition are not spread over too great a distance, it is possible to rotate the site of the meeting among member agencies, offices, or homes. If distance is a factor then a permanent, central location is best.

- Every member, whether they attended the meeting or not, needs to receive a written summary or minutes from each meeting. Keep the coalition informed.

- Copies of the meeting summaries or minutes as well as reports, copies of campaign literature, and any other written material generated by the coalition should be maintained in an archive. Responsibility for the archive can rotate among coalition members.

What Really Happens At A Coalition Meeting?

- In addition to covering the business of planning adolescent pregnancy prevention activities the meetings of the coalition should include educational activities. Participation in a prevention coalition does not imply or confer expert knowledge of prevention of adolescent pregnancy. Coalition meetings should be learning experiences.

- Some time at each meeting can be spent in describing the work of a particular member or the services provided by a participating agency. An underlying assumption is that most members of the coalition will attend regularly enough to hear from all other members.

- Another way to share information is to have reports on conferences or meetings attended by the members. In this way the coalition as a whole will stay up to date in its knowledge of the field.

- Occasionally the coalition may want to invite speakers or have members themselves prepare short reports about prevention-related topics.

- As members share and build their knowledge base, the coalition will justify its reputation as a good source of reliable, current information about prevention of adolescent pregnancy.

- Educational activities will not detract from the work of the coalition. If only twenty minutes out of each meeting are spent on education the gains can be impressive.

Behind the Scenes

- The coalition cannot operated smoothly without a great deal of behind-the-scenes efforts by its leaders.

- Leadership of the coalition should rotate so that all members share some of the responsibility and the burden of maintaining the coalition.

- If the coalition depends too heavily on one person, then that person will inevitably burn out and leave the group to flounder and perhaps even dissolve.

- Someone must be asked to mail out agendas and minutes. The agenda must be planned carefully to make sure the meeting time is not wasted. Someone must make sure that a room is available.

- Someone must make sure that coalition activities take place on schedule and that coalition members carry out their assignments. Someone must coordinate events.

- No one person should have to take all the responsibility for the group for extended periods of time.

- No one should join the coalition without expecting to contribute a fair amount of time and energy. Just as members share the planning and implementation of prevention activities, they must also share the routine tasks that keep the coalition functioning.

Participation

It is inevitable that the composition of the coalition will change over time. As an individual representing an agency resigns, it is hoped that a

replacement from that agency will join the coalition. With this kind of substitution the size of the coalition will remain stable. Furthermore, the member agencies will demonstrate their commitment to adolescent pregnancy prevention.

Representatives from new agencies and organizations or interested individuals may approach the coalition once it is operating. These new members will not upset the work of the coalition but enhance it. They may be evidence that the coalition and its prevention activities are becoming known in the community.

Even though the coalition prepares for changes in membership it should attempt to keep each member actively involved for as long as possible. These points may be helpful:

- Remember that coalition members are volunteers. Do not make unreasonable demands on any member. At the same time, all members join with the understanding that they are working members.

- The members of the coalition will be able to make different time and energy contributions at different times. As long as each member contributes to the work of the coalition this is no problem and in fact may be preferable in the long run.

- Members will want to feel that they are accomplishing something. It will be easier to measure acccomplishments if the coalition sets clear, written objectives and has an overall plan of action.

- Another way to increase a sense of accomplishment is for each member to complete concrete tasks. Every member should have an opportunity

to give reports, run meetings, or arrange and coordinate public events or activities. Successful completion of tasks builds an interest in accepting further tasks.

- If the coalition sets both long-term and short-term goals, there will be more chances for different kinds of contributions by members. While one group works to publicize the coalition itself, another group can design and distribute brochures for a public education campaign. While one member develops contacts at the local newspaper, radio station, or television station, another member might speak to a high school class. The work of the coalition will require a variety of skills. Every member will be able to make a contribution.

- By joining the coalition, individuals have made a tacit agreement to cooperate on a common goal. However, coalition members do not shed their opinions or agency allegiance upon entering the door so it is probably inevitable that "turf" issues or the more subtle dynamics of differing agency priorities will occasionally make it difficult to reach group consensus. Recognize the value and legitimacy of differing opinions but try to keep the meeting focused on the common goals and avoid letting the concerns of any member monopolize group discussion and action.

- The coalition may attract members who have a particular interest in one area, such as family planning educators and who limit their involvement with the coalition to the time it addresses that topic. As long as the coalition has developed a stable core of members, it will benefit from the contributions of these short-term members.

- The coalition should develop an orientation for new members. A minimum orientation should include introduction to all members of the coalition, review of coalition archives, and explanation of current coalition projects and activities.

- At times disagreements may arise over ownership of the coalition, what approach to take, how much time everyone needs to put into the coalition, who should make the operating decisions for the group, or whose agency should help sponsor an event. These disagreements are natural. The coalition needs to learn how to reach a concensus. This does not mean that every member will always agree with or even be satisfied with all decisions. It does mean that the coalition will continue to function and not self-destruct.

Ultimately, each member will have to decide about continuing their involvement with the prevention coalition. The coalition will have the best chance to keep members if they are carefully selected, gain a sense of accomplishment from the work of the coalition, and feel that they contribute to the decisions made by the group. It is essential that the coalition cultivates its membership if it is to exist long enough to have an effect on the community.

Maintaining A Coalition

Coalitions are notoriously fragile organizations. No matter how enthusiastic members may be at first and no matter how successful the coalition's initial activities may be, it is not easy to maintain a coalition over time. It is entirely appropriate that coalitions organized in response to a particular issue dissolve as that issue is resolved. Coalitions that plan to continue for indefinite periods of

time must make a conscious effort to stay flexible and responsive to their membership.

Signs of Trouble

Suppose that your coalition has been carefully formed, has been together for some time, and has attempted one or two projects that were moderately successful. Suppose that you hold a meeting and no one comes or that for several months in a row only two or three members attend. There is good reason for concern about the health of the coalition. It is important to ascertain as quickly as possible the reasons for dwindling support so that any problems can be corrected.

Some reasons for flagging attendance might include:

1. It is difficult to set a meeting time that is convenient for all members.

   Possible solutions: Try setting the next meeting date and time at the at the conclusion of each meeting. Your irregular attendance, but plan to keep members up to date with minutes. You can develop a list of volunteers who work on projects but who do not attend meetings--plan to send them minutes regularly.

2. Coalition members change job responsibilities and can no longer justify their participation.

   Possible solutions: Try to formulate agency participation so that there is always a designated agencyrepresentative on the

coalition. Continue to actively recruitment new members.

3. Members complain that they do not feel involved enough in coalition activities.

   Possible solutions: The leadership needs to make sure that all coalition members have responsibilities, no matter how small. Make sure that the credit for coalition successes is shared among all members. Members should expect to actively participate at each meeting, if only to make announcements. Every member should have the chance to voice any opinion before decisions affecting the coalition are made.

4. Members say that they find the coalition meetings unfocused and the discussions repetitive.

   Possible solutions: It is important to have an agenda and stick to it. You may want to plan to use some meeting time to work on projects, not just to talk about them. Occasionally you may want to extend the educational program portion of the meeting or take a field trip to help maintain interest.

5. Members object that coalition activities are too narrow or limited.

   Possible solution: Discuss ways to broaden projects. Try different activities—do not get locked into one approach. Take the time to evaluate each project and build upon your successes.

6. Coalition activities seem to stir up controversy in the community or seem to go unnoticed.

   Possible solutions: Lack of notice is ultimately more wearing on enthusiasm than controversy. While it might seem impossible for campaigns addressing adolescent pregnancy issues do go unnoticed such is the case for efforts that are too cautions. You need to consider community response carefully before undertaking projects, but do not let the fear of controversy keep you from attempting projects that you believe are worthwhile.

7. You cannot prove that your coalition activities have any effect on the adolescent pregnancy rate in your area.

   Possible solutions: Proving effectiveness is one of the greatest difficulties in prevention efforts. While it is important to monitor the teen pregnancy rate in your area, that rate should not be the only measure of coalition success or failure. The coalition should also establish short-term objectives, such as

care or contraceptive services, that can be achieved and publicized.

Attaining Balance

Ony the volunteers themselves can keep the coalitions going. If your coalition runs into trouble, talk to members to discover what the problems are and how they might best be solved.

Interestingly enough, many coalition fade, not because too much is asked of members, but because too little is asked. No one can be expected to stay with a voluntary organization that doesn't challenge them or make use of their talents. It is especially important that the leadership in a coalition rotate and that all members share responsiblity for the activities of the group. The coalition that is carried by one or two members will ultimately fold because it does not require sufficient commitment from its members.

Adolescent pregnancy is a perfect example of the kind of complex issue that is best addressed by the collective energy of a coalition. Unfortunately many coalitions dissolve before they have a chance to affect their community. Those coalitions that achieve a balance between flexibility and the need for some organizational structure and that attempt to stay creative have the best chance of attracting and retaining the membership necessary to influence the community.

Coalition Tools

There are a number of resource materials which may be helpful in ensuring that the coalition meetings run smoothly. For an expanded discussion of several

points made above and additional practical points related to running coalition meetings, the following resources may be helpful:

How to Make Meetings Work, Michael Doyle and David Straus, Playboy Press (Paperback), 1979.

Learning to Work in Groups: A Practical Guide to Members and Trainers, Mathew B. Miles, Teachers College Press, 1981.

Taking Your Meetings Out of the Doldrums, Eva Schindler-Rainman and Ronald Lippitt with Jack Cole, University Associates, Inc., 1977.

Points to Remember:

- Be clear on the purpose for forming a coalition. Include this information as well as a brief description of the problem, strategies for adolescent pregnancy prevention and the benefits of collective action in the letter accompanying the agenda you mail to potential coalition members prior to the first meeting of your group.

- When forming your prevention coalition, find out what services exist in your area and work to complement them.

- At the first meeting, begin the process of planning your prevention program. Your coalition will thrive more readily if every meeting is productive.

- Realize that the membership and perhaps the aims of the coalition will change over time.

- Learn to motivate members by providing opportunities for individual accomplishments and a sense of ownership of the group.

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MARKETING PREVENTION

Changing Behavior

Most people think the battle to prevent adolescent pregnancy should be won in the home. Certainly communication of such topics as human sexuality is important. However, there is still much more to be done within the community to prevent adolescent pregnancy. Changing some of our attitudes and for example, implementing family life education curriculums in the schools could be a start.

One of the most effective ways a community group can approach the prevention of adolescent pregnancy is to try to persuade adolescents to change their behavior to reduce their risk of having a child too early. While not specific behaviors lead directly and conclusively to having a baby during adolescence, there are many actions that people can take which, indirectly and through a chain of other factors, may reduce or eliminate causes of adolescent pregnancy. Usually, the chain of causation is long and complex, but often it is not difficult to see the ultimate connections of certain actions to adolescent pregnancy prevention.

Besides, if the actions you urge people to take are beneficial and cost efficient in themselves, then your efforts to persuade people to change their behavior are very likely justified anyway since these "means" to the end of prevention are useful "ends" in themselves.

One brief, simplified example which shows the link between behavior changes and possible ultimate adolescent pregnancy prevention is:

BEHAVIOR CHANGE	CHAIN OF CAUSATION
Teenage birth control use or responsible decision-making about	The risks of prematurity, low birth-weight and other factors found to be

sexual activity.

correlated with childbirth to very young girls. Reduction of the number of adolescent pregnancies may reduce the rate of school drop-out, unemployment, and dependency on public assistance.

Another reason for community groups to attempt to prevent adolescent pregnancy by attempting to change behaviors is that this approach may be all they can reasonably afford. More direct efforts such as implementing family life education curriculum requires lots of convincing and hiring teachers with specialized skills. Preventive efforts must not be limited to the schools. To do so ignores many valuable and economical opportunities to put present knowledge into effect and removes almost everyone from an active role in preventing adolescent pregnancy. An effort to change behaviors is a broad brush approach. It touches nearly everyone, however lightly. It is a strategy of involvement. The involvement of large numbers of people at the community level adds to the positive impetus for prevention. A kind of social action movement can develop among people as they think about and change their behaviors. Information spreads informally and unsystematically -- yet quickly and personally -- and sets up a reinforcing social atmosphere for behavioral change. The public image of hopelessness and helplessness frequently associated with adolescent pregnancy is countered by positive statements that "adolescent pregnancy <u>can</u> be prevented and you can do something to help." Such community dynamics can help build a constituency for preventive health care, funding increases, and community awareness.

Persuading People to Change Their Behavior

Getting people to change their behavior is no small task. Daily the public is bombarded with nearly countless messages to change our behavior: buy this, buy that, vote for me, don't do that, do this. Every medium of communication issues nearly constant persuasive messages. Fortunes are spent to research the attitudes and behaviors of people and to get them to change their attitudes or behaviors and buy or do something which never before occurred to them. The public is constantly subjected to an environment of behavior manipulation, and it works extremely well. Marketing is perhaps American's greatest contribution to the economic world.

One result of this frenzy of marketing is that the public is both saturated with persuasive messages and a critical judge of them, making the job of communication steadily more difficult. The total number of nearly constant inputs from a variety of media make the ears, eyes and minds of people extremely difficult for reach. A message must be more creative, more calculated, louder, prettier, more enticing -- more effective --than any of the others arriving at the same time. Then it must be repeated almost to saturation, but not until boredom or resentment occur. The competition to get through to the public is intense.

All of this commercial marketing effort is often used to foster relatively simple behavior changes: in the main, the message is for people to buy this, instead of that. Prevention efforts, however, may demand changing extraordinarily complex personal behaviors rather than merely choosing among products. People might be asked to undertake such difficult, costly, and complicated tasks as providing family planning clinics for adolescents. Trying to communicate the need for complex, value-laden behavior change is far more difficult than trying to get people to merely buy a given product.

All of this commercial marketing effort costs millions of dollars and involves extremely skilled marketing and media professionals. This effort is given to achieve limited, specific commercial goals. In contrast, prevention program marketing may involve hundereds of dollars (if we are lucky) and a committee of social workers, teachers, mothers and nurses to achieve these far more difficult goals of social and behavioral changes.

The battle to obtain the attention of the public is a tough job. As tough as it is, it is surprising how well a community group can do — particularly if it imitates the commercial marketers and markets its message of adolescent pregnancy prevention.

Marketing

While the techniques of marketing are, of course, familiar to nearly everyone, few make a conscious study of its principles. Fewer still working with adolescents make an effort to use marketing.

Most definitions of marketing identify the following elements of qualities of a comprehensive approach to marketing:

1. Analysis of the organization's objectives (to sell a product or to induce a behavior change, etc.) You must understand precisely what it is you want people to do.

2. Target identification -- determining precisely whom you wish to sell to or induce to change attitudes or behavior.

3. Planning — The design, selection and preparation of your organization's message to achieve the intended changes in your target audience.

4. Management -- Close supervision to see that the marketing plan is carried out as designed and that the results are measured.

5. Exchange -- the marketer seeks to offer a benefit (the product or in this case, for example, reduction of child abuse and neglect) in exchange for a cost (effort and money for the product: effort and attitude or behavior change for the preventive health benefit).

Perhaps most important in this concept of marketing is the total calculation and interrelation of these elements. Marketing is a total integrated effort linking needs assessment, objective determination, strategy and tactic selection, implementation, management and evaluation. A good framework or analogy for the concept of a total marketing approach is the typical grant application, which requires the applicant to systematically and convincingly address each of those areas. As with a grant or a project, its success depends on the clarity and thoroughness of each interrelated part. Just as a social service grant project might ultimately flounder or fail because the need to be addressed or the objectives were never really clear and understood by the staff in writing the grant, so might a marketing compaign flounder because of an inaccurate target selection or too-hasty selection of a campaign message or the medium to be used.

Disciplined thought and pragmatism, more than an artistic cover for a brochure, decide the success of a marketing campaign. There may be some reluctance on the part of social service professionals to adopt techniques used in business. The agency working with the adolescents or the pregnant adolescent may feel that marketing is unnecessary and inappropriate in public service. Agencies and groups in this field cannot afford to think they can simply go about their business and have people understand and support their programs. The problem with

that approach is that professionals in this field do not always communicate about their programs simply and directly. Social service agencies put out their messages in amazingly elitest jargon -- stuff that only professionals can understand, if indeed they can. If an agency does not actively communicate, it markets unintentionally. It projects an image, a message, merely by being and doing. If that message is unintentional, it may be a poor one. Conscious marketing merely let you intentionally choose what your message or image is.

Typically, when social service agencies somehow do get the attention of the public -- and they listen only briefly - the tendency is to give them the boring, irrelevant facts and that fill agency brochures instead of simple, clear, unequivocal messages. Conscious marketing lets you choose a measured, precise message to convey the idea or obtain the result you want. Far from a faddish affectation, a thorough marketing approach is a necessity for the social service agency to compete for the attention of the public.

Choosing Your Objectives

The first marketing step has absolutely nothing to do with advertising or multi-media shows or dealing with the press. The first step in changing public behavior is analyzing the behavior you wish to change. To go forward, your group must specifically decide what action(s) might be taken which would start or break a chain of behaviors and eventually and logically lead to reduction of adolescent pregnancy. Be specific and be critical. Challenge the logic of the causation chain you devise. Will the behavior you promote really affect the incidence of adolescent pregnancy.

But, more than anything, can you be precisely clear as to what you want people to do, believe, think or know differently as a result of hearing your

message? Write these attitudinal and behavioral objectives out, with the help of a good special education teacher or someone else skilled in the demanding craft of objective writing. If they pass the crucial tests of clarity, precision and relevance, then and only then should you go on to the next step.

Target Your Audience

The phrase "public" education can mean everything -- and nothing. No one, not even Coca-Cola is so grandiose as to try to "target" the "public." Perhaps that can be done with radiation, but certainly not with public service announcements. There are hundreds of "publics" for every issue or message you wish to address. For reasons of efficiency and clarity, your task is to select the largest possible audience -- a target "public" -- which can and should act on your message and can be reached by the resources available to you. This is invariably a smaller, but more definitive group than you would seek without this kind of planning.

Presumably, if you have succeeded in narrowing and specifying your objectives, you will have done much to identify your target audience. For example, if your objective is to increase use of family planning counseling services you must choose between a broadly defined target audience (the public who reads newspapers or listens to a given radio station) and a narrowly-defined target (parents who have one pregnant teen who is know to health departments and schools).

You must also learn quite a bit about your target group in order to communicate effectively with them. This will also probably lead to further narrowing of the size of the target group. If your objective is to reduce teenage pregnancy, for example, you must choose whether your target is all adolescents between the ages of 9-14 (if so, how do you reach them? Will one message suffice for all regardless of value, behavior, vocabulary and intelligence differences?) or a

specific group (white males between 14-16 years of age). You should learn something about the current behaviors, information, needs aspirations, tastes and perceptions of your target group with regard to your objective. You should learn how they get their information and what kinds of messages do get through to them. What will they think of your message? Sometimes, by sampling, it is possible to "test market"your objective and campaign.

If you don't learn a lot about what your target population is doing now with regard to your objectives -- what are their current behaviors -- you will have an impossible time measuring whether your campaign to change their behaviors has been successful.

Choosing Your Medium

You don't need "mass" media if your audience isn't "mass." In the first place, if your audience is "mass," you probably haven't chosen your objectives or target audience very well. You probably haven't got the money to do a "mass" campaign and if you do, you'll probably waste it. More likely, a group will succeed in getting a few PSA's to be aired late at night and an article with lots of agency names and acronyms buried on page nine and they will call that a "mass" media campaign.

A true mass campaign is probably beyond your reach. But you can and should have a targeted and coordinated campaign using multiple media. By linking all your communication efforts in a carefully planned, limited campaign of a week or so, you can have greater impact than a continuous, low intensity effort. By carefully linking many types of media -- including many cheap or free ones -- you can have the effect of a "mass" campaign.

Media is plural. There are thousands of mediums (sic). Few people realize the variety of means available for persuasive communication. Here is a listing of some media of communication you could use (arranged, roughly in order of ascending cost):

Mimeo Multilith Print
- Bulletin
- Brochure
- Book

Poster

Billboard

Bumper Sticker

Decal

Newspaper Advertisement

Audio Tape

Radio Spot

Slides
- Programmed Slides
- Random Access Slides

TV Spots
- Slide-tape
- Videotape
- Film

Media Show

Computer-Assisted Instruction

TV Production

Film

Here are some promotional or persuasive devices used by commercial marketers:

Space and time advertising	Point-of-sale displays
Loudspeaker advertising	Sales literature
Mailings	Catalogs
Speeches	Films
Sales Presentations	Trade exhibits
Demonstrations	Sales conference
Trading stamps	Packaging
Contests	House-organ publications
Premiums	Product publicity
Free samples	Corporate publicity
Price specials	Corporate identification programs
Coupons	Endorsements
Posters and show cards	Atmospheres

When you need to communicate information to a public from which you expect action in return, you should use the simplest, cheapest, most direct means of communication which will reach that target audience. The most elaborate and expensive means of communication are worthless if they do not reach the target audience.

Each medium has a particular character and is useful for conveying certain kinds of messages. A ditto is more informal and seems to be more swiftly done than a mimeo sheet. It is not a good argument to say, "We have a ditto machine; therefore, it is more efficient for us to use ditto than to go elsewhere for mimeo." A ditto which fails to communicate the desired information to the target audience,

and does not elicit the desired response from that audience, is wasted time and money. At times the impromptu quality of a ditto message is perfect for the target audience, such as late-breaking news distributed to a meeting, messages attached to classroom doors, hand-outs distributed to a neighborhood to announce a suddenly called meeting. However, the more formal quality of mimeo, or even multilith with its incresing expense, may be the necessary medium for a formal presentation of a prevention services plan to a PTA meeting or a City Council.

You should use the simplest and least expensive means of communication which can successfully communicate the message to the target audience.

Summary

There cannot be a better or more common illustration of the "cart before the horse" problem than the tendency of a group which, having set out to do a "public education campaign," falls immediately to the design of a brochure. Consideration of message, target population or desired result of the campaign are unresolved - as is whether a brochure is even an appropriate medium of communication. A successful public education effort is, at best, a successful planning and management effort. You must listen to (know) your audience and try to know what it is you are saying.

DEALING WITH THE MEDIA

One of the most cost efficient ways of communicating with the public is to use the print and electronic news media. There are three ways of using these media: you can buy advertising time, you can make news, or your announcements can be broadcast or printed "in the public interest."

Buying advertising time is terribly expensive. Few social service agencies or volunteer groups can afford this approach. You do get what you pay for, however. By buying time you can spot your message precisely to reach your specific target group as often as you can afford. Radio and TV stations engate in complex audience analysis efforts by which you can match the demographics of your target group with the demographics of a station's audience at a specific time of day.

The other two methods - making news and using public service announcements or PSA's are by far more practical and economical for volunteer groups. The use of a news media is a learned skill. By learning how newspaper and radio and TV stations work, by learning what is news and what isn't - by learning how to make news-you can communicate to your target audience without spending much, if any, of your limited campaign budget.

The following guide, part of materials distributed for the 1982 Alcohol Abuse Prevention Campaign of the National Institute on Alcohol Abuse Alcoholism, presents a number of suggestions about effective ways of working with the media in your community. As you read it, you will note that it often refers to "business" or "industry." That's because the guide was not developed specifically for the 1982 Alcohol Abuse Prevention Campaign. However, it can be of real use to you in trying to generate publicity for your local prevention campaign.

(Developed by the U.S. Department of Health and Human Services, Office of Health Maintenace Organizations, under Contract PL 282-79-0102-JBW)

A PROJECT OF THE NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM, DIVISION OF PREVENTION, ROCKVILLE, MD 20857

WORKING WITH THE MEDIA

Importance of Communicating with the Media

Everyone has an image. You may choose to control it or allow others to control it. Silence on your part means that only the other half of the story will be told.

"No comment" and the closed door are obsolete in today's informed environment. The public gets its news through the eyes and ears of television, radio, and newspaper reporters.

The irony is that both you and the reporter have the same goal: accurate, timely communication of information. Misunderstandings occur because of a lack of understanding of how the media works and what a reporter needs. Unfortunately, faults charged to the media are often a reflection of an industry or person who made the job tougher or did little to help the reporter "get the facts."

The news media are individuals who have a job or assignment to do. Of course, they have individual biases, as we all do, but the vast majority are reasonable and receptive.

However, the good reporter remains the one who questions. You will find working with the news media much easier if you understand that to ask the tough question is part of their job.

Newsmen seldom have the time to research a subject as much as you or they would like to. Instead, they depend on you to work them in getting the whole picture.

The complexity of many issues requires significant preparation so that you can fill the reporter's knowledge void. To most people, business is dull. Many reporters are indifferent to business and, what's more, ALL reporters are skeptical by training if not by nature.

Your part of the equation is to supply useful, accurate, and meaningful data without losing sight of your point of view. The success of your approach depends largely upon your ability to understand the relationship and to know your role.

Simply knowing what the reporter needs and how this day is structured gives you an advantage. Because your competition, other businessmen, and government agencies know how the media works today, you are at a disadvantage if you don't. Government spokesmen, for instance, have staffs who know deadlines and when to schedule news conferences. By one estimate, the executive branch of the Federal Government spent in excess of $300 million on news-oriented operations last year.

Moreover, misconceptions about the media's role can lead to wrong assumptions about your role, such as:

1. The media are out to get me
2. I have no control over an interview on television
3. Everything I say will be aired

This does not have to be the case if you keep in mind the following basic points:

- Know where the reporter is coming from. Reporters may have no more personal interest in your issue than the fact that they were assigned to cover it for one day.

- Be polite. Get on a first-name basis and establish a personal relationship with the reporter. Keep in touch if possible.

- Be informative and accurate. Always strive to be truthful. Avoid statements that cannot be supported with facts. Above all, never be afraid to say, "I don't know." If you make an error, correct it. Few reporters will expect you to be an "expert." It is far more impressive— and worthwhile to a reporter— to admit that you do not know something, and get back to him later with the information, rather than attempting an obvious bluff.

- Be consistent. If you use a statistic once, do not contradict it later. Do not be forced to make comments you will regret.

- Utilize every opportunity to make a positive point. For example, if asked to downgrade the opposition, do not question its motives. Instead, question the effectiveness of the program as compared to your proposal, or suggest that the facts are not as presented. Also, look for opportunities to change the direction of an interview which may be focusing on some of your weaker arguments. Instead of waiting for the reporter to ask you about your best points, as you finish a question go right into another subject by using such phases as, "But what really excites me about this issue..." or, "But the points of the issue which interest most people with whom I have talked are..." etc. Avoid being involved in "off-the-record" discussion. All statements made in interviews should be quotable; do not say anything to a reporter that you might regret seeing in print.

- Use examples, either visual or verbal, to illustrate your message. Slides, graphs, and photographs speak a thousand words.

- Keep to your message. Remember that editors may cut your response to any question, particularly in electronic media interviews. Therefore, your immediate response should be definitive and positive answer to each question,

using secondary points or qualifications for the remainder of your answer. First respond with an emphatically positive statement; then address any problems in a positive manner.

- Be lively. Think in headlines. Use anecdotes and personalities to demonstrate a point. Don't be afraid of conflict. Newsrooms look for conflict; that's their definition of news.

- Be responsive. Print and broadcast deadlines must be met. Not meeting their deadlines means not being included in a story and missing the opportunity.

- When a reporter calls:

  - Be careful when reporters lead with, "I have heard...." They may have unreliable information or a rumor they are trying to confirm. Don't reveal a confidence to a report just because you think he already knows.

  - Don't speak for others. Often the response to a question can properly come only from someone else. Refer the reporter to that person.

  - Don't give the reporter the run-around. If it seems reasonable to give more information than you can supply, tell the reporter you will have someone else call back. Then make sure that person calls back.

  - When a major story breaks, and you anticipate a deluge of media inquiries, try to make notes in advance of salient points you want to get across to the media.

  - Deny firmly. Reporters are suspicious of hedged denials.

- Correct errors. Effort must be made to correct misinformation. While it is unwise to quibble over minor or typographical errors, significant errors of fact should be called to the attention of editors or reporters in a helpful way by a courteous telephone call, meeting, or letter.

- Follow up. Consider ways to provide follow-up to any interview or news story. Keep in mind points on which the interviewer was either particularly interested or misinformed. Send detailed information on those points to the reporter after the interview. Monitor all others stories and shows on your issue. Send information when appropriate. If the program covered only the opponent's position, contact the interviewer or producer and simply suggest that there is another side of the story which the public deserves to hear. Try to arrange an interview or appearance, or at least a meeting, to discuss your position. Letters-to-the-editor sections of publications are one of the most widely read sections. When writing, limit the content to facts instead of opinions, and keep it short (300-350 words).

- Use news to create news. Try to relate your story to news of the day. Be alert to seasonal or related events that present opportunities to tell your side of the story.

Getting Their Attention: How the Media Works

Communicating with the media first starts with getting their attention. To this end, knowing how their operation works--what they need and how they need it--is essential. You need to know what they are looking for and structure your information to fit their needs.

Once you become a "source" to the news media, half your job is done. You are then called for information in your area. This can be accomplished if the media feel you will provide information and other assistance as they need it.

What they are looking for

One thing all media have in common is the requirement of accessibility of spokespersons. The retiring chairman of DuPoint, Irving Shapiro, recognized that business needed a spokesman and served not only business but his company by being accessible and ready with comments and figures. He and his staff were prepared with information in the form the media needed it.

Starting from this basic assumption, think how your message can be structured to fit the media's formats.

Print: Print needs are primarily for information. Types of stories dictate type of information, or story angle:

- hard news stories
- feature articles
- editorial opinions (more often in newspaper than on TV or radio)
- background, or "outlook" articles
- industry round-ups/trends
- industry opinions/reactions to fast-breaking news stories
- local angles to national stories
- profiles/spokesmen interviews
- "how-to" consumer stories
- photography/graphic/illustrative pieces

Broadcast: In addition to information, broadcast needs "talking heads." It needs a spokeman, a voice, a face.

Television:

- Newscast--News reporters are looking for the action/conflict in the story. Evening news is drama--visual and moving. TV news looks also for the local angle to the national story of the day. Primarily, TV wants it in 30-second segments. There is usually not time to "background" the reporter.

- The interview/talk show-- the "host," who frequently is not the person who produces the show or schedules the quests, has an "image" or personality as either a nice guy or controversial one. There will usually be a representative from the opposition (this meets FCC reguirements for "equal time"); sometimes yo are even asked to suggest a representative from the other side. Subject matter for these shows is local, or the local angle to the national story, unless you are on a national show, such as "The MacNeil Lehrer Report." Topics need to be broad enough to fill 15 minutes.

- The Panel Discussion--When an issue is of interest to the entire community, a panel discussion is appropriate. It usually follows the interview format, with a moderator rather than a host, a forum that can last up to an hour; the issue must be very broad.

- Editorial endorsement--TV stations seldom take editorial positions on issues. When they do, it is almost always on local issues. There are two forms: commentary and editorial. The commentary is attributed only to the spokesman, and not expressed as the opinion of the station management. These positions are taken after meetings with those

concerned to get background information and ask questions of the chief spokesmen. TV looks for conflict in this area also.

Radio: What is true for TV is true for radio, only more so. Radio has smaller staffs and varies more as to format. Generally, radio reporters are looking for stories to fill:

- The newscast, mostly "headline" with short statements by those involved. Sometimes newscasts include "feeds" or taped statements called "actualities."
- Call-in shows in which quests who are authorities on subjects answer listeners' questions.
- Continual news breaks and updates on stories.
- Features, particularly with the "all news" or "all talk" formats.
- Editoral statement or commentaries (see TV).

How the Media Works

Daily Newspaper: It is essential to understand that advertising is separate from editorials. This separation of news from the business of running a paper is complete and carefully guarded. Never make the mistake of assuming that because you are a big advertiser, the reporter or editor considers your issue special.

A newspaper is organized around subject lines, "beats" with content and amount of news dependent upon news cycles, days of the week, and deadlines. For example, the amount of news a paper needs depends on the "news hole" that is available, which goes back to how much advertising will be run. Advertising supports the amount of news space available. Thursday papers, with grocery and weekend shopping ads, are the largest. Next are Wednesday papers, with Monday the smallest; Friday is in-between in size. Sunday papers, although they have the most

pages, acutually have the smallest "news" availability because most of the Sunday paper is printed by Thursday. The skeleton staff fills in news on Saturday mostly with wire copy. If you want to be in Sunday papers, have your information, or talk with the reporter, by Wednesday.

Another determining factor in the news coverage is the AM deadlines (late afternoon) and PM deadlines (early morning). Timing of your release or news conference selects which paper will get first crack at your story. Editorial meetings for AM papers are generally held around 2:00 pm, so stories are usually under way or complete by then. PM papers are working on second-day stories on AM's lead stories.

Because all newspapers are departmentalized, reporters may cover specific areas, and your information must be directed to a certain reporter or area. Newspapers are also changing format to meet the TV generation, with special sections geared to target advertising and subject matter directed to target audiences, as in the "Home Sections."

Another newspaper development that came about in response to TV influence is a greater use of graphics, photography, and other illustrations. The TV generation likes pictures.

Some of the editions are tabloid inserts and even have a separate staff from the news or feature sections. One positive result of these news section is a concentration on certain areas, such as business, from the local point of view. For instance, the Washington Post Business Section that comes out each Monday provides greater coverage of Washington area business issues than before.

Another newspaper development that came about in response to TV influence is a greater use of graphics, photography, and other illustrations. The TV generation likes pictures.

Newspapers rarely initiate issues, but they do take sides. The will more often than television take editorial positions on national, as well as local, issues, and are more willing to meetin in editorial and background sessions to discuss them. In addition to editorial writers and cartoonists, such meetings will also usually involve reporters covering the area being discussed, as well as the publisher in some cases. If the paper takes a stand that you do not agree with, even after such a meeting, there is still a forum for your views in the "op ed" section and "letters to the editor." Newspapers prefer that these pieces be written or attributed to a local citizen rather than a national figure. There are exceptions to this rule, of course, depending on the issue.

News and editorial sections of the paper are separate. News reporters cover the news on a spot news, feature, or background basis, and work under deadline pressures requiring immediate response to their queries. New technology in the form of computerized typesetting and even page makeup has changed their deadline and editing structure, but the result seems to have given them less rather than more time.

Weekly or Semi-weekly Suburban Newspaper: These publications usually function as a service to their communities rather than as conduits of information. With few urgent deadlines, they are looking for the feature more the news story, always with the local angle. The national story is not really interesting to them without a local angle; breaking news is often old before the paper is printed. One suburban editor,

explaining what he could cover in a national story, said his headline would read, "DeKalb resident declares World War III."

Trade and Business Publications: These range from newsletters, to taboid weekly newspapers, to monthly magazines. They concentrate on service material, specialized information, and problem-solving for the readership. It is said that even the media looks to the trade press to learn about developments in a particular field, and Congress reads the trade press.

Wires: AP, UPI, Reuters, and Dow-Jones send news around the country as a service to newspapers, and to TV and radio stations. AP is owned by the member newspapers. UPI is privately owned, and is directed to radio stations as well as newspapers (sometimes not carried by the newspaper). Dow-Jones is a financial wire which just recently entered the broadcast market with packaged economic material; Reuters entered the financial wire field in competition with Dow-Jones in 1968 and also has strong international 24-hour news service and an information retrieval service. The subject matter and distribution are directed a local, state, regional, and national areas and wires. Reporters with special "beats" are based in bureaus where the news usually develops, such as financial in New York, political in Washington, etc. Most state or large city bureaus will have a listening of the events to cover that day, called a "Day Book" or "Date Book". This alerts the media to newsworthy events in addition to the daily "budget" or listening of stories that newspapers or stations can count on being covered by the wire during the next day or cycle.

Wires also have photo services, not sent by laser. They also offer a private photo service that will shoot photos and send them from one side of the country to another over their wires, although not as part of their news service per se.

Television:

- Newscasts: TV, like radio, is a headline service. Remember "short and capsulated," and you know TV. The nightly news occupies only 22 minutes, containing fewer words than one page of the daily newspaper. The news director and producer determine what is to be covered, in conference with the assignment editor. The assignment editor is the primary contact for news; the producer, the primary contact for feature shows. There is a weekend staff, as well as an after-7:00 staff, with the weekend and evening shift making assignments and news decisions for their segments.

  TV crews now have sophisicated "Mini-cam" equipment that has changed the way news is filmed and shown. The equipment is expensive, and the crews like to film "live" while a news show is going on.

  Whether taped or live, interviews can be conducted in the TV studio, in your office, before or after a speech, and even in the parking lot outside the station.

  News interviews of segments are short and to the point. Frequently, you will be asked to remain on camera while other angles are shot for later insertion in the interview, showing your reporter listening, nodding, etc. This is called "cutaway" or "reverse shots."

- Talk/Panel Shows: Opportunities for a more in-depth coverage of your issues are available on shows with panel or talk formats. Even these are usually no longer than 15 minutes, and frequently include a representative from the opposition. Sometimes segments are excerpted from these shows for use on the news segments. The setting is less

glamorous and smaller than it appears on the screen, and the talk is frequently interrupted by commercial breaks. Most often, these shows are taped weekdays and shown on weekends or mornings. Most shows with audiences are live, and some accept call-in questions from viewers. The person you contacted to make the arrangements for your show, ususally the producer, initially receives the information you send, and forwards on to the show host what he thinks is necessary for the interview. The personality and preparation of the host/interviewer varies widely, as does the extent to which you can directly promote your cause or position.

- Editorial Boards. Commentaries and editorial positions are taken based on station policy, usually after a meeting of a spokesman and the news director, PSA manager, station manager, and program director. While much like newspaper editorial briefings, they tend to be shorter and are less likely to result in an immediate editorial endorsement. Most issues on which a station will take a stand on local. Transcripts of the broadcast statement are available upon request.

- PSA Spots: Announcements of a public affairs or public interest nature can be aired over a slide identifying the television station call letters. You may also supply a slide with the logo or name of your group, and the public service announcement to be read. PSA directors have the responsibility for selecting what is aired. Stations prefer local issues for such announcements, and can use 16 mm film supplied from you if the public-interest and noncommercial nature of the announcement is clear. Nationally produced films can be localized with a tag identifying the local angle or person involved.

- Documentaries: Less frequent is the in-depth coverage given an issue through a documentary. Formats range all the way from the light approach of "PM Magazine" to the more serious look of "20/20." Days of filming and months of preparation are involved.

- Cable: Cable television's growth in the past five years has created a second system of locally, a regionally, and nationally produced programs. National programming includes The Modern Satellite Network carried on more than 400 cable systems, and the Cable News Network with 24-hour news and feature programming now carried on more than 480 stations. "Superstations" like WTBS from Atlanta, and specific audience programming syndications are also national in scope. While most cable systems do not produce their own programming, there are a few with local access availability, and probably more will appear in the future.

Radio:

- Newscasts: Most large cities now have a radio station with an either all-news or all-talk format. These stations feature in-depth coverage of issues and present many interview opportunities. Otherwise, radio news is limited to 5-minute headlines, with feeds from network newscasts (Mutual, NBC, ABC, CBS) and wire services. Many news directors will accept interviews conducted by telephone, or taped and sent to the station over telephone lines. These are called "actualities" and provide the most control over what goes over the air.

The news department of any station is busiest around the half and hour times and during drive time in the morning and evening. Do not bother them during these times unless you have no alternative. Noon and 6:00 p.m. are particularly busy times.

In smaller stations, news departments are not staffed after six in the evening, and only answer news lines calls coming over the news telephone extension. If you need to reach them after hours, you need that number.

News gets old fast on the radio. The day following an event is too late for radio news. This is especially true for actualities.

- Editorial Comment: Radio stations are even less likely to take an editorial positon than television stations, but the process is the same.

- Public Service Programs and PSA Announcements: Recent deregulation of the radio industry has removed the public service requirement for stations to get a license. The accessibility of radio stations to public service announcements and programs is expected to be minimal in the future. This will cut down on interview programs unless there is a consumer angle or "personality" angle.

- Interviews: Following deregulation, the radio interview segment, outside of the all-talk, all-news stations, is expected to decrease. Consumer and/or "how to" information will be needed to obtain air time or get the interest of today's radio radio reporter and manager if the subject lacks fastbreaking news interest.

TIPS FOR THE NEWSPAPER SPOKESPERSONS

Working with Newspapers

A prime public relations goal for an industry or a company must be to win editorial support and news treatment for its politics and goals. Be on the offensive

as much as possible in media relations, in particular in newspaper relations.

Catching up with misinformation is tough once it appears in print, and it's nigh on to impossible to change an editorial position once it's taken.

How to take the offensive: Get acquainted with newspaper reporters and editors. Talk with them when you don't want anything. Get to know them and let them know you will respond to requests for information. When they call you, you've become a "source." When you have established yourself as a source, a lot of your work is done--a direct result of establishing mutual trust.

This mutual trust helps you prevent stories that ignore your side of the issue, simply because reporters did not know: 1) that your company existed, 2) that your compnay or industry had a position on an issue, 3) that your company or industry would be affected by the issue.

Industry statements have the greatest impact on the first day of a major story. A day's lag dilutes much of the impact of the industry's statement. You want to tag onto stories in which you have a role or interest, right from the beginning.

One of the most effective techniques of this preventive medicine is to meet with reporters and editors for an editorial backgrounder. Most of th techniques of communication in this situation alsc apply to feature or news interviews, so here is an in-depth look at the Editorial Backgrounder.

The Editorial Backgrounder

Editorial sessions can involve reporters covering your area and members of the editorial staff that decide on what position the newspaper will take. They are

usually scheduled through the main editor or editor of the editorial page. Mornings are best, around 10:00 a.m., and you should not impose on deadline responsibilities of the editors by taking more than 30-60 minutes of their time.

Send briefing kits in advance to the editors that include background on who you are, who your association or group is, and what your reason is for meeting with them. This information should be sent ahead because many issues are so multi-faceted that it is difficult to cover them in a manageable time period. Moreover, you lose effectiveness if you talk too long and do not answer the specific questions that the reporter or writer has.

It is best initially to only introduce the subject to set the stage, and then let the questions direct the discussion. You are there to answer <u>their</u> concerns. KEEP <u>YOUR</u> PRESENTATION TO A MINIMUM (20 minutes the maximum).

Depending on the knowledge of the reporters or writers, the areas to be affected can just be listed or discussed. At this point, ask what the editors want to know.

<u>Low-Key Approach</u>: Be conversational. Approach your subject on the non-technical, simple level. Be direct. Present yourself as an individual or interested professional genuinely concerned about the future of your company and the industry. One of the first questions they ask is usually, "How will this affect you?" Give them an honest assumption of how you see the issue. Keep it as simple as you can. Don't try to tell how a watch is put together when what the reporter really needs is just the time.

First of all, state why you are there. Don't be wary of stating a selfish interest. That is expected, or you wouldn't be taking the time to talk with them. Then, go

beyond that and add that you are here because you also believe that the public interest is involved and here's why . . .

Your purpose can be served best by establishing a dialoque, rather than a "preaching" session. Listen to them. Try to elicit the tough questions while you are there to answer them.

Some Definite No-No's:

- Don't point with the fingers and speak in a loud voice: this seems too overbearing.

- Don't interrupt others while speaking or take part in a side conversation, even if to answer a question.

- Don't dominate the entire presentation. Be aware that other should talk and their question should be aired.

- Don't say, "I'm glad you asked me that. . ." That's the last thing they want to hear. It leaves the impression that you have a canned presentation and they just asked that very question you are waiting for. Instead, say something to the effect that, "That's a tough one. . ." or, "Well, see if this will answer that. . ."

- Don't answer too quickly. This again leaves the impression that it is a canned presentation. After a question, first give yourself time to think and see if your initial impression of the question is really what they are asking. If you answer too quickly, you may not even address their particular question. But also, just counting a beat before answering avoids the "canned" impression.

- Don't smile and shake your head at the discussion. This leaves the impression that either the presentation is going too weak (the tough questions aren't being asked) or the interviewers are limited intellectually. Avoid emotional reactions.

- Don't day, "You've got to understand that. . ." Sound overbearing.

- Don't tape editorial meetings.

- Don't be late for meeting.

Opposition media: Occasionally you will be meeting with journalist who have opposed your position editorially. It is important that you avoid reacting emotionally to journalists whom you perceived as the opposition. Rather, you need to work doubly hard to try to persuade them to see tht many facets, the complications and the shades of grey in this issue. It is unrealistic to think you can win them to your point of view, if the paper has already taken a firm opposition stand. It is enough to win their respect for your willingness to discuss the issue cogently and unemotionally. You may, in this manner, be able to neutralize these writers.

On some occasions, editorial background sessions are not posssible, or you may want immediate coverage. In that case, these same techniques can be used in talkig to one reporter on an interview basis.

One other point: Publications usually only use black and white glossy photographs, and 5" x 7" photos are preferred. Never send a matte-finished or color photograph unless by request. Sometimes, during an interview, and even some editorial sessions, the staff photographer may appear to photograph you while you are talking. Ignore him and continue your discussion.

TIPS FOR TV SPOKESMEN

Preparing for a TV Appearance

Homework: The key to a successful TV appearance is confidence. Anticipate as many questions as possible and be prepared to make sure you have your say. There is a technique called "bridging," which trained spokesmen frequently employ. If you get a negative question thrown at you, answer it fast, if it's answerable at all, and move on to something positive that makes a point you want to make. To think on your feet this way requires some methodical work in advance. One way might be to write out the things in your industry that make you uncomfortable, and make another list of good things, and then think of way to bridge from one to another. At any rate, here are some suggestions to help your prepare:

- Set objectives you want to accomplish. Prepare "mini-speeches" you can bridge into when the opportunity is right. But don't rehearse your remarks until they are so pat they sound canned.

- If you will use visuals, check with the producer and director in advance on size and appropriate color or tonal contrast.

- Analyze the potential audience. Consider type of station, time of day, nature of the community, possible audience attitudes toward the subject. Plan your comments to appeal to this audience.

- Analyze your data. Don't speak in generalities. Determine ahead of time specific examples you can use to illustrate major points. If you have the statistics, have available, IF you can make them meaningful to the average person.

- If possible, determine in advance how much ground the subject area will cover and which topics will be presented. Is the interviewer interested in a representative opinion for the "industry" or your company's specific policies? Are your personal views of chief interest?

- Again, if possible, learn the interview's angle, and whether the direction is to be open or closed. Will the interviewer seek factual information on a specific topic (closed) or pursue a general line of questioning (open) and depend on you to develop ideas and direction?

Comments on Makeup and Attire:

- Suits: Avoid suits with strips, checks, or patterns. (Medium tone grey, blue, brown, or mixed colors are preferable). If you wear a black or dark blue suit, avoid light-colored accessories. Don't wear anything you wouldn't wear at the office—no matter what cut the anchormen are wearing. If you feel silly, you'll look silly.

- Shirts: Grey or light blue shirts give the best effect. Off-white or pastel colors may also be worn, but avoid pure white shirts.

- Neckties: Muted colors are suggested. Avoid checks or very small patterns. Bow ties have a tendency to bob with every word you say. Unless it really makes you ill at ease, wear a straight tie.

- Handerkerchiefs: Avoid pure white breast pocket handkerchiefs. Muted colors or off-white are recommended. If you must use a pocket handkerchief, make sure it's fresh and unwrinkled.

- Accessories: Avoid large flashy tie clasps, jewelry cuff links, and the like. They will flare and distort the picture.

- Makeup: The best makeup is a deep tan. And if you have a heavy beard, be sure to shave just prior to leaving for your interview. Otherwide, don't worry about makeup. If there's a problem that requires cosmetic correction, the studio will take care of it.

- Glasses: Lens that turn dark in the light will darken under strong TV lights. This gives the spokesman a sinister look that should be avoided.
- Look neat— every gravy stain is magnified on TV and hurts your image.

Things to Know About TV Production Procedures

You'll be more at ease if you know what to expect. The actual production of broadcast interviews is pretty standard.

Office Filming - If a news crew is coming out to your office to film an interview for later broadcast, allow time for equipment set-up. This will take a minimum of ten minutes. Have a building electrician handy to help find power outlets and fuse boxes. There's no need for you to be around as all this happens; as a matter of fact, it's a good idea for you to leave the room.

Often the reporter will be interested in talking to you privately to narrow the area of questioning down, generally in the interests of saving time and film. This can usually be done while the crew sets the camera up. Take the reporter into another room but remember not to say anything to him that you wouldn't want repeated on the air. And even though the reporter outlines the interview for you, don't be surprised if he brings something else up in the course of actual questioning.

When everything is ready, proceed as if you were the guest. Let them tell you where to sit. Let the technicians hand the mike on you if they are using lavaliers. Try to forget it's there until everything is done then let a technician take it off you.

The interviewer may ask for a "voice level" at the very beginning of the interview. This means they want to pre-set the volume on your microphone. Simply talk in a natural voice until you're told to stop. Do not simpley mumble three or four word and then ask, "Is that enough?"

AT the end of a filmed interview in your office, the reporter may want to film "cut aways." These are short segments of film that can later be inserted between your responses. This allows the station to rearrange the whole interview to fit any time slot. So the reporter will probably ask the questions all over again, this time with the camera trained on him or her. Stick around just long enough to satisfy yourself that substantially the same questions are being asked. Then feel free to excuse yourself. They would probably rather pack up their equipment in peace anyway.

Television news crews have very portable equipment, including lights. They will light your office, or other location quickly and easily, with a few portable lights. Normally two lights are used. One is placed so that it shine on your face, while a back light is placed behind you to take out your shadow. Since TV lights are very bright, you should ask that they be turned on a few minutes before the interview begins so your eyes can get used to them. You may have trouble seeing at first. It's a bit like coming out of a dark theater into bright sunlight, but after a few minutes your eyes will get used to the light. If the light is shining directly on your face and it still bothers you, ask the technician to change the angle of the light a bit.

Studio TV--Discuss the program with one of the production assistants well in advance of the actual broadcast or taping. Pin down the topice to be discussed, names and background of any other quests appearing with you, identity of program host, total time allowed for your segment, and the exact time you are to be at the studio.

During this advance discussion, if you have visuals that would illustrate the points you wish to make, ask if they can be used. Arrangements to show them must be made ahead of time, particularly if you want to offer something to viewers; the producer may want to superimpose your address on the screen.

When you to the station, you will be placed in a waiting area. Networks usually also take you to makeup; local stations generally do not. A few minutes before your segment is to be aired, you will be taken into the studio and seated in a spectator's area. Generally you will not meet the program host until you are taken onto the set. There is ususally only a minute or two before the program will be back on the air. Sit where you are told. A technician will place a microphone around your neck. Get confortable. If you brought notes or visuals, place them where they are unobstructive but easily reached. Keep your eyes on the show host. THINK FRIENDLY.

At the end of your segment, stay put and stay quiet until you're told you can talk and get up. You may still be on camera and your microphone may still be "live" even though the questioning has ended. On the other hand, once you're dismissed, clear out--they'll need to get the next program guests onto the seat.

How to Present Your Best Image On Television--The ideal, of course, is to be yourself--to appear as natural as possible. Unfortunately, on television that's not quite as easy as it sounds: the activity on the business side of a camera lens has

been known to make fullfledged monsignors look shifty-eyed. But projecting a pleasant image on television is not impossible.

First of all, remember your posture. It sound obvious, but sit up straight. Studio chairs for some reason range from those requiring a delicate balance to stay on, to those that wrap themselves around you when you lower yourself in. Sometimes, they swivel. You shouldn't. It will make you look uneasy if you sit there swaying back and forth when asked why you're the world's worst employer.

In stand-up interviews, stand up straight. Resist what will be a strong inclination to bend over into the microphone. By all means, don't reach for the mike. It's the reporter's job to make sure he's got your voice on tape. In almost all cases he'll succeed.

During an interview filmed in your office, look directly at the reporter: ignore anything else happening in the room. The cameraman may leave the main camera and start shooting with a hand model. The reporter may never take his eyes off his stop watch and notes. Someone may even crawl in at knee level to adjust your mike cord. Ignore it all. Just keep looking were the reporter's eyes would be if he were looking at you.

When on camera, try not to fold your arms in front of you and try not to look down at the floor. These are defensive actions. Fold your hands in your lap or clasp your wrist with one hand. This prevents shaking. Remember, body language has a lot to do with the impression you convey to the audience. Look at the reporter, not at the camera. If you look at the camera, it seems as though you are trying to propagandize. Reinforce your remarks with gestures, facial expressions, and the pacing of your response.

If your interview is being filmed at a studio or is on live TV, resist the temptation to look at the monitor. The exception is when you are showing a visual. When you are sure the camera is focusing on it, check the monitor to see if the viewer can see or read the important portion; if it isn't clear, describe what the visual shows.

If it's a press briefing being filmed and you're being interviewed by several reporters at once, pick the questions you want to answer and ignore the others. Your selection should have nothing to do woth the volume the question comes in. Keep your eyes on the person who asked it. The other reporters will read this signal and keep their questions till you look away from the person. Don't be surprised if you are asked the same question several times by different broadcast reporters—they may have missed your earlier response to an important question since their cameras seldom churn away during the whole news conference. When you want to end the interview, thank the reporters and leave. Don't start answering more questions.

Never smoke or chew gum during the interview. Smile only at humor. A toothy grin after each question doesn't look friendly, just phoney. Especially try not to laugh at a genuinely serious question.

Most important, never blow your cool. Stay calm. Nothing can make you look as bad as losing your temper, no matter how much provocation there is. Getting angry at an interviewer (or another guest on the show) destroys your dignity and will make every viewer lose respect for you. Once that happens, everything you have accomplished earlier in the interview goes down the drain.

Before You Go On The Air

- If you're jittery, relax your throat muscles by yawning or stretching.
- Review your material. Don't be afraid to walk around the studio and talk

to yourself, reviewing the points you're going to make.

- Practice speech consultant Dorothy Sarnoff's three positives: you're glad to be here, you're interested in the audience, you have authority ("I know that I know").

INTERVIEW TIPS

1. If you know you are likely to be interviewed on TV, watch TV news interviews for a week or two. You can get a good idea of how questions are structured and how to prepare yourself.

2. If you are called for an interview, bear in mind that the total air play of your story, if you're top news, will be no more than 1½ minutes. That means you get 30 seconds to tell your story; that's your maximum time. So think your topic through before you go on the air—or before your filmed interview starts; you must decide in advance how much of the story you can tell in 30 seconds. Don't plan to go in depth; the more you talk, the more chance there is for taking things out of context, editing, misquoting. But do have in mind one or two major points that you want to get across in the finished story.

3. If your are to be quizzed on a negative aspect of a topic, remember: by dealing well with the negative, you will be establishing your credibility with the station for the future. Giving yourself a future with the station means that you may get a chance later to tell the positive side of your story. For example, when vinyl chloride problems were in the news, Goodyear was open, helpful and available; they established credibility with the station and will be a likely source for that station in the future.

4. Welcome the interviewer and the questions. Take the attitude that he or she represents the public and that the public is entitled to know.

5. Refer to the interview by name, early and often.

6. Remember that the TV reporter is not aware of how scared the interviewee may be; reporters do so many interviews and are so expert in the interview situation they forget about your being scared. An experienced reporter will try to put you at ease by smiling and small talk. Such a person is not "licking his chops" over you; it's a sincere effort to put you at ease.

7. During the "set up" time (time when cameras and lights are being set around you) get your point across to the reporter. Indicate the focus you want to establish. The reporter will be grateful because a line of questioning may not have been prepared and he or she may not know much about you or your topic.

8. Remember that TV works under terrific time problems. Don't be alarmed if a reporter comes at you with a to-the-point question; that's his or her job.

9. The reporter want your points of view, not the whole story. His or her job is to ask the tough question. BE PREPARED.

10. Make sure your points are relevant to the reporter's question. Don't try to snow him or her.

11. Be realistic in your answers. Look at each question from the public's point of view.

12. Be positive in your answers.

13. Place your most important points at the beginning of each response where they will be clear and isolated. In filmed interviews, this is especially important. Responses like "I have twelve points to make. One. . .Two Three. . .etc." drive film editors crazy and invite poor editing. The editor may choose an insignificant part of your response simply because it's easier to edit. Reporters are delighted to have "the most important thing" flagged for their benefit.

14. Short answers are better than long ones. A few sentences give the interviewer less opportunity to misunderstand you. And on television, where time is measured in dollars, this is especially important.

15. If a reporter tries to interrupt you before you have finished your response, pause, let him finish, and then continue your answer. Don't let yourself be drawn into the ridiculous position of having to talk louder just to be heard. If the reporter persists in interrupting, don't get into an argument but do insist on the right to give a complete answer.

16. On the other hand, if the reporter interrupts you, there may be a reason. Don't run off with the interview: allow for plenty of give and take between yourself and the reporter. Don't start every answer back at the Flood; be immediately responsive, giving only enough background information to clarify the issue.

17. If a reporter asks several questions at once or poses several false premises in asking a question, don't let this get by. You might reply, "Well, you've really raised several questions there. Let me respond to your main point first, etc." Unload the loaded preface ("Given the bad image your industry has. . . .").

18. Interviewers want colorful language, not bureaucratic gobbledygook. The more informal, the better. If an answer must be technical to be accurate (and there are a few of these) also provide an appropriate analogy. Give illustrative anecdotes where possible but keep them brief.

19. If you absolutely must use jargon in an interview, make sure define and explain it. Do not use industry terms that dehumanize your topic, such as "well-baby care" for "pediatric care."

20. Don't repeat a reporter's terminology unless you want to. He will often use colorful language to encourage you to do the same. His question probably won't appear in the final story, but your answer will.

21. Don't let a reporter put words in your mouth. Occasionally, an interviewer will rephrase your response to a question and test it on you. It's good policy to answer all questions that start, "Do you mean to say." Don't let what may sometimes sound preposterous throw you off. For example, after explaining that the company promoted employees on the basis of ability, one executive was asked, "Do you mean to say that your black workers are less qualified than your white workers?" If you are asked a negatively state question, turn it around, block it and answer with a positively formulated statement.

22. Don't feel obliged to accept the reporter's facts or figures. Start your response with something like, "I'm not familiar with your figures, but I'd like to respond to the main thrust of your question," if the statistics are new to you. If you know the correct figures and the reporter is wrong, straighten it out. If the reporter is right and you know it, don't feign ignorance.

23. If a reporter wants information you can't release because of clear company policy, don't evade. State matter-fo-factly and without resentment that you can't release it; if you are able to do so subsequently, you will. If the reporter presses, repeat yourself in a calm, polite manner. If you can explain why the information is withheld without getting into the specifics you want to avoid, do so.

24. If a reporter asks a question "off the record," remember that anything you say can be used--and most likely will be. Say nothing off the record or outside the actual interview that you wouldn't want published with direct attribution to you.

25. Never respond to a question with, "No comment." Explain graciously why you cannot answer that question.

26. Avoid phrases like, "That isn't my area of responsibility." If you don't know the answer to a question, say so. But always offer to find out or to put the interviewer in touch with someone who does know.

27. Never assign blame for any situation unless there is clear company policy on the matter. If a reporter wants to know why something has gone wrong, give the reporter background information on the complexities of the situation as much as possible.

28. Never answer a question that you don't understand. Ask the reporter to restate it. And, if you don't know an answer, say so. Don't bluff.

29. Remember that the reporter will take what you reveal in each of your answers and use it to formulate the next question. So don't reveal more than you want to. Answer questions simply.

30. It should be obvious: Never--absolutely never--lie to a reporter. You don't have to expound; just be sure what you say is absolutely true.

31. Be yourself. "You are appearing not as an actor or actress. but rather as an interesting person in your own right," advises the National Association of Broadcasters. Talk in ordinary conversational tones.

32. Be natural. Look relaxed but don't slouch, throw your arms over the chair back, or cross and uncross your legs. Act as you would before any small audience, or imagine a good fried is in place of the television camera.

33. Use eye language. Look directly into the eyes of the person talking to you. If there is a live audience, talk to various individuals in it. Resist the temptation to look at yourself in the studio monitor. And don't stare blankly into space when others are speaking. Look directly at them.

34. Distractions to avoid: rapid hand movements (difficult for the camera to follow), repeatedly clearing your throat, foot tapping, rolling your eyes upward when answering a question.

35. If you feel that a TV news story contains factual errors, it is okay to call the reporter and point out the mistakes. Most professional reporters acknowledge that they are human and do make mistakes, and they will appreciate hearing from you. Confine your criticism to factual errors, never to a newsman's judgment. Make your point once, and then forget it. Don't beat a dead horse. Just as newspapers have more ink and paper than you do, television stations have more air time than you. Crying "foul" over and over only exposes you do more of the same treatment.

36. Watch those repetitive words: "oh-oh" or "ah" or "like" or "you know."

37. Never assume you are off camera if you are still on the set while someone else is being interviewed. You may still be in range.

38. Above all, be on time, as directed. You may be required to be at the studio long before air time, while earlier guests are being interviewed, or just minutes befoe your own spot. You won't know which until after you are there, so don't take any chances.

TIPS FOR RADIO COMMUNICATION

Radio interviews generally follow the rules for TV interviews, with the exception of the call-in show, which is found more frequently in radio than TV. Below are some tips for handling this format:

- Call-in shows on radio frequently tend to attract consumers unsympathetic to industry problems.
- If you participate in a radio call-in show, it's best to respond calmly and frankly.
- During radio "talk shows" take back-up materials or notes with you (including an outline of the most important points you may want to make). Feel free to refer to your notes, but be careful not rustle the papers during the interview, since the noise will be picked up by the microphone.
- When appearing on radio call-in shows, pay careful attention to what the basis of a caller's question really is.

- A caller may be confused as to how to phrase what it is he or she wants to know. Likewise, the real question may be buried in rhetoric. Keeping in mind the interest level of the rest of the listening audience, you may want to summarize or re-phrase the question before answering. Use phrases like "It seems to me the real question you are asking is. . . and the answer is. . ."

- Remember that listeners to talk show may "tune in" in the middle or near the end of a program. Therefore, always answer each question completely, as if there has been no reference to an issue previously (even if there has been).

- On talk show, repeat your best arguments as often as possible. When scheduled to appear on a talk show, determine ahead of time if anyone else has been invited to appear with you. If so, establish the ground rules ahead of time (try to arrange a format similar to those recommended for debates); stress your desire to ensure that both sides have an opportunity to answer each question (particularly on call-in in shows); take notes during radio shows on what the opponent says, and tailor your answer accordingly.

- Do not become frustrated if a talk show host seems unfair or biased. Many hosts build audiences around their own personality, which sometimes is highly aggressive. You will have to work with the tone established by the host, since you are the guest. However, when there are obvious mistatements or biases, do not be afraid to disagree with a host strongly and point out any statement that is not factual, or to provide a strong factual response to a stated opinion.

Telephone Interviews

Because of the small crew that usually staffs the news operation of local stations, interviews are frequently conducted by telephone rather than by personal coverage of a speech or event. It is best to arrange for you to call the station. This permits you to be ready mentally and physically, but there are occasions when you will be called and will need to respond quickly.

As in other cases, just keep your central point in mind, and speak in a normal, conversational tone of voice.

If you anticipate a time crunch, record your statement ahead of time and have it sent by telephone (this is called a "radio feed" or "actuality") to a newsroom. In this case, be sure to have the direct news line number, especially if you will be "feeding" when the switchboard is closed. Keep such statements to a maximum of 30 seconds and send either by early morning (6-7:30 a.m.) or the evening before, but certainly before 11:30 a.m. If you are referring to an event the day before, stations ususally will not accept the feed after the noon news.

NEWS CONFERENCES

There is no set format for a news conference. But there are some basic ground rules that should be considered.

You should never call a special conference unless the news cannot be handled through a standard release. If you build a reputation as an indiscriminate news conference caller, you'll probably irrevocably damage personal relations with editors and correspondents. Remember—media outlets are constantly working against time, and in the news business, in particular, time is money.

You should call a conference when important news is expected to break and when all or most media are able to participate in the nature of the news (but not the story itself), the time of the conference, your address, the conference room name and telephone number. You should also notify by telephone the major news outlets and special correspondents in your area.

Be very careful about "leaks." It's highly risky to tip off a reporter in advance. If he breaks your confidence, your reputation is damaged. Avoid all advance news leaks and treat all news sources equally. Caution staff people in your agency against premature discussion of a news conference subject.

Be prompt. Remember again, time is critical to newsmen. If you call a conference at 10:00 a.m. you should be prepared to start at 10:00. Keeping a room full of reporters waiting for one TV station or show up can cause a lot of dissension and resentment.

If an announcement is to be made by one person, he or she should be fully briefed and be prepared to answer any questions. It should be understood in advance that the person will be fully available for questions or for personal interviews following the conferences, in fact for the next 24 hours.

There are many details to remember in scheduling a news conference. Keep a checklist and doublecheck every step of the way.

Steps To Schedule

- Schedule 3-4 weeks in advance, if possible.
- Reserve room (10 a.m. best time).

- Send media advisory material one week before (2-3 weeks before a major news conference). Call to check receipt. If a weekend event, check to see who staffs the assignment desk, city desk or Saturday or Sunday.
- Get Phone number of weekend access to news room.
- List with the UPI and AP Day (Date) books (City Wires) 2-3 days in advance.
- Send mailgram to local bureaus; 2 days prior call all media.
- Make arrangements with spokesman morning before to reach him anytime in the following 24 hours.
- Have media kits ready for reporters.* Mail or messenger out kits to reporters not attending.

For Television and Radio

- Be sure that speakers are reminded to stay with mikes.
- Best for TV to have each person come to podium.
- Podium should carry identification of group.
- Check background--should be plain or solid wallcovering for backdrop behind speaker.
- Be sure there is adequate sound amplification for all speaking as well as those asking questions.

*Information in media kit:

- bio on all participating
- schedule for conference and who speak when
- backgrounders
- general release

- photo or graphic
- reproduction of visuals used during conference
- back-up for any study or research used
- avoid slick booklets unless annual reports are necessary
- Have name plates (readable from media area) for those on panel.
- Provide equipment for multi-plugging into the amplifications system (a "multi-box") and check to be sure power and fuses are adequate.

ESTABLISHING CREDIBILITY

When speaking before a group, you must begin by allowing the audience to recognize you as an authority who has something valuable to say.

To start, present yourself as an individual, rather than as a "spokesman." While you may be representing an organization or company, it should not be forgotten by you or by your audience that you are an individual with values, ethics, and concerns like anyone else. Hence, it is important to use the word "I" rather than "we", and to talk on a personal a basis as possible, constantly injecting your own concerns and feelings. Likewise, if you are genuinely concerned about environmental issues, or belong to an environmental organization, begin any discussion on related subjects by saying, "As an enironmentalist, I believe. . ." Also, try to use related personal experiences.

Base your talk on facts rather than rhetoric. As often as possible, support each statement with the technical data necessary to illustrate your point. The audience can quickly become lost in long rhetorical statements, so avoid them. Also, avoid wordy language. The audience will not be impressed with your use of long words, and may, in fact, have a negative reaction to all of your presentation.

Use acceptable data. To many people, data developed by the industry is not acceptable because of bias. It is therefore very useful to utilize data developed by state governments, universities, and independent foundations to support your case. Rather than quoting your figures on your particular issue, quote government figures, which may be low but are presumably less biased in the eyes of the public. Whenever possible, quote "unexpected sources."

Always answer the question asked, not the motive you think is behind the question. Many spokesmen, especially when speaking on a controversial issue, have a tendency to read things into questions. If there is a low-lying motive behind the question, address it as an addendum, without making it part of your specific answer. Using the phrase, "That also brings to mind. . ." can help to dispel whatever the innuendo was, and separate it from the main question, which helps keep you off the defensive.

Be concise. When a question is asked, the basic answer should be given, in blanket form, within 30 seconds. After that, a more detailed discussion on the question may well be appropriate. However, if you go into a lengthy discussion on the question raised and do not reach the conclusion until three or four minutes have lapsed, you will have lost a great portion of the audience.

Speak plainly, remember that many in the audience have not opinion whatsoever on the subject being discussed. Do not be afraid to speak simply, without being condescending. It will quickly become apparent what level of understanding exists in the group, and you can adjust accordingly.

Do not be afraid to project yourself as an expert. You have a certain amount of knowledge that enables you to speak about your subject with some authority. Make that clear. Refer constantly to your profession and your background.

Use the "challenge" technique to involve the audience actively in thinking about the subject. When participating in a debate, even with a skeptical audience, challenge them to ask themselves key questions about the issue at hand. This can be an effective and direct method of exposing weaknesses in the other side's point of view.

PREPARING A GOOD SPEECH

A well-constructed, dynamic speech can be instrumental in raising the level of your effectiveness. As you prepare a speech, be mindful of the following.

First, consider your audience. Determine the areas of your subject that will, and will not, interest them. A Rotary Club is probably more interested in the economic aspects of the problem while a college group may be more concerned with the environmental aspects. Therefore, consider the unique interests of each group and modify your presentation accordingly.

Jot down the major points you want to make, once again giving the group's interest top priority. However, do not exclude any aspects of your overall theme. Simply prioritize the points you want to make to suit your audience.

Outline the support data and facts that you want to use to back up statements in your speech. Outline in detail the points which you want to emphasize, being sure to include all the necessary technical data.

Use concise, direct statements. Do not waste time with drawn-out discussion of single points. Also, use simple language and do not become involved in long, intellectual arguments. Most audiences resent this approach.

Read the speech aloud several times, practicing timing and delivery. Make sure it is not too long for the situation in which you will be speaking, and make sure your delivery is clear and concise.

Practice the speech before a friend, asking him or her to comment on the style and content. Perhaps you should also record the speech and listen to it yourself. In doing so, there are a number of things you should note.

- Are you speaking forcefully and with authority?
- Is your speech too long?
- Are you speaking slowly and enunciating everything?
- Are you speaking from your diaphram and not your throat?
- Is your speech tailored to the formality of your audience? In other words, is it formal for a business organization and more casual for a college audience?
- Is your speech organized in a logical fashion?
- Are your points presented so that someone totally unfamiliar with the subject will understand?
- Are you practicing eye contact with your audience and not looking at your text?

Next, rewrite the speech based on your own criticisms and those received from your friends, again keeping in mind that you want to be concise and direct with as much factual data and as little rhetoric as possible.

Reread the speech several times until you are thoroughly familiar with the content. Then place you outline of the speech on 3 x 5 cards. Generally, if you are thoroughly familiar with the speech, you can deliver it more effectively from cards than from a prepared text.

SCHEDULING SPEAKERS

There are a great number of public forums available which can be utilized by an organization interested in addressing issues of public concern. These forums range from high school and college lecture committees (usually sponsored by the student government) to civic and service organizations such as Lions, Rotary, Sertoma, League of Women Voters, Sierra Clubs, Jaycees, Kiwanis, Exchange, and Optimists. A list of civic and service organizations usually can be obtained from the local Chamber of Commerce or the Welcome Wagon. These groups are particularly influential, since they count among their members active opinion leaders within the community.

It is important to remember that one of the principles of influencing public opinion is to make as many different impressions on an individual as possible. Impressions received through personal contact are far more positive and longer lasting than those gained from radio, television, or the print media. Primary impressions received via personal contact can be constantly reinforced through the use of print and electronic media.

Scheduling civic events can be an ongoing process with the goal of addressing all groups in a given area within a given period of time, such as a year. or it can be telescoped into a "blitz" when civic organization presentations, radio, television programs, and newspaper interviews are conducted in a relatively short period of

time, such as a week or 10 days. While the former method is more comprehensive, the latter tends to focus and concentrate your message--and is particularly effective when there is a need to mobilize public opinion rapidly.

Sources

Before a series of events can be scheduled, it is necessary to assemble a list of sources for your city or state. The two basic sources are: (1) a list of civic and service organizations—available from the local Chamber of Commerce or Welcome Wagon, and (2) a media list of radio, television, and newspapers—available from the telephone compnay or the state press association.

One often overlooked resource is your own co-workers. A procedure should be developed to determine if any of your coworkers are members of civic organizations or have contacts within the media. These people can be asked to make a personal contact to schedule an appearance.

Source lists must be updated to reflect changes in personnel and programming. In order to update lists, call the organization and request the following information:

For Civic Organizations:

- President's name, address, and telephone number
- Program Chairman's name, address, and telephone number
- Meeting day, date, place, and time
- Number of club members

For Electronic Media—Radio and Television

- News Director or Assignment Editor—name
- Talk show or public affairs programming format, broadcast day, time, duration, producer, and host

- Station studio address and telephone number
- Reporter assigned to business, health, etc.
- Regular newscast deadline time
- Network affiliation, if any

For Print Media—Daily, Weekly, and Semi-Weekly Newspapers

- News Editors's name (or assignment—usually City Editor)
- Editorial Page or Managing Editor's name
- Environmental reporter's name
- Energy reporter's name
- Health reporter's name
- Women's issues reporter
- Business reporter's name
- Address, telephone number
- Circulation
- News deadline time for evening, morning, and Sunday editions

Speakers' Bureau Committee

The most efficient method of organization for a Speakers' Bureau Committee is to combine the actual speakers with the schedulers. The Chairman should have the time and authority to manage the group. Although not absolutely necessary, the Chairman should already be active in community affairs and have experience in dealing with the media.

The Committee should be divided into a speakers' section and a support section. The support section need be only a few people whose responsibilities are to maintain source lists and speaker availability calendars and, of course, to schedule

available speakers on an ongoing basis. The Committee should meet frequently so that speakers can feed back to schedulers information on which forums have been most receptive. The support section should also endeavor to make available to schools and organizations films and other material provided by allied industries and trade associations. The Speakers' Bureau Committee should, in short, be the resource to which people turn for information on the issue.

Advance Letters

The first step in organizing an ongoing speakers' tour is to send all civic, service, and professional organizations a letter soliciting speaking engagements. Groups such as the Kiwanis, Rotary, Jaycees, League of Women Voters and AAUW are particularly receptive to this approach. The letter should clearly state when you are available, your subject matter, your position on the issue, and a contact name and telephone number. Approximately 10 days after mailing the solicitation letters, follow-up telephone calls should be made to the addressee to schedule engagements.

Letters to radio and television public service directors, talk show hosts, and producers should be mailed concurrently with the civic organization letters. These letters should follow the same format as the letters to civic organizations. Similar letters should be mailed to editorial boards, business and health editors, etc., at this time. Follow-ups should revolve around civic events, as these are in and of themselves newsworthy and can generate coverage.

As each appearance is confirmed, place it on a master schedule. A letter of confirmation should be sent containing the date, time, and place of the event, including a copy of a biography of the speaker(s).

Coverage

Choose the larges audience or most prestigious organization before which you are appearing and invite news media reporters to cover your presentation. Arrangements should be made to allow the media to join in the meal or advise them of the time when the presentation is scheduled to begin. A short press release directed to individuals, i.e., health reporter, should be mailed or hand delivered no later than three days before an event. Reminder follow-up calls should be made 24 hours in advance, if possible. Remember, the press will not cover every presentation, so choose only a few major events a year.

Press Releases

A news release should be mailed to selected local media, both print and electronic, about 10 days before a scheduled event. The timing of this release is important, as it should arrive in time for weekly newspapers to run it before you arrive. The release should not exceed two double-spaced pages, and should include several quotations and the name of a contact with a telephone number for further information. The release should be mailed or hand delivered, if possible, to the attention of the news director at the radio and television stations, and the appropriate reporter or news assignment editor at newspapers. An ideal first release is an announcement of the formation of the speakers' committee.

Events

Contact persons for each event, such as a program chairman, must be called 48 to 24 hours in advance to re-confirm your appearance. This is an ideal time to ask for driving directions.

Always allow 25% more driving or travel time between events than you think you will need. Depending on the ability of the advance personnel, this cushion will be expanded or eliminated. A rule of thumb is to allow one hour and a half for a civic event, a half hour more thant the "air time" for television and radio, and one hour for a newspaper briefing.

Upon arrival at an event, the advance man should introduce the speaker to the President, Program Chairman, or Editor, and provide that contact person with an extra copy of the speaker's biography. (The biography should be written in such a manner that it can be read as an introduction.) For civic events, request from the program contact permission to pass out any material or place signs, etc. Always offer to pay for your meal if one is served at a civic organization function.

Editorial Briefings/Public Affairs Programming

Editorial editors and public affairs and talk show producers are usually much more flexible in their availability for scheduling. Schedule taping sessions and editorial briefings in the morning and early afternoon, respectively. Many public affairs and talk shows are either late in the afternoon or early morning, or are presented live on the weekends.

Under the Federal Communications Commission's Fairness Doctrine, electronic media, i.e., radio and television, are required to present both sides of an issue in an equitable manner. Whenever the opposition receives air time, or the subject is featured, you have the right, as a responsible spokesperson, to present an opposing viewpoint.

It is easy to take advantage of this free time. First, write the news or public service director of all electronic media informing them of your availability to

respond to the mandatory deposit issue on an ongoing basis. Continual monitoring of television public affairs programming and radio talk shows will then allow you to contact the station and request equal time. Television and radio stations welcome responsible views.

Follow-Up

It is vital to maintain good relations with the groups and stations on which you have appeared. Return engagements are much easier to schedule if a good working relationship is established. Always send a thank you note from the speaker and be sure to mention the continued availability of your group.

For electronic media appearances, always request a copy (audio or videotape) of the events. These tapes prove to be an invaluable resource in critiquing your speakers. Review of these tapes can help speakers to be utilized to their best advantage, whether it be on radio or television.

The print media will usually send a tear sheet or copy of articles written as a result of an editorial briefing or the coverage of a civic event. However, it is good policy to retain a clipping service in order to secure all printed material on the issue. Clippings should be filed by newspaper categories--service in order to secure all printed material on the issue. Clippings should be filed by newspaper categories—thereby giving the speaker a good idea of the paper's stand on the issue. Newspapers often provide space for opposition editorials; a clipping service will provide a record of editorials to which you may respond.

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MODEL PREGNANCY PREVENTION PROGRAMS

Adolescent pregnancy and parenting is on the incline in Virginia. In 1982, 21,065 teen women became pregnant; 718 less than in the previous year. Of these pregnancies, 11,231 were live births, 874 resulted in fetal death, and 8,960 were terminated by elective abortion. Though below the national average of more than 100 per 1,000 (100 pregnancies per 1,000 women aged 14-19), the statistics are of great concern.

Increased awareness of the problem of adolescent pregnancy has led many state agencies, as well as organizations on the local level, to scrutinize existing services. If pregnant and parenting adolescents are to develop into healthy, productive, and independent adults, they will need supportive services. However, F. G. Bolton, stated in his book, The Pregnant Adolescent: Problems of Premature Parenthood, "If an uncoordinated array of services presents... to the adolescent, the reluctance to utilize these services will guarantee failure."

The young woman who has an unplanned pregnancy during her adolescence has a myriad of obstacles to face. Certainly the prospect of high school graduation becomes far-reaching. Under the most normal circumstances the teen years are difficult ones; however, adolescent pregnancy may predispose a young woman and /or young man low-paying, low-status jobs, unemployment or ultimately, dependence on public assistance.

Bolton (1980) has suggested that once community acceptance (of the adolescent pregnancy problem) has become a reality in the professional and private sectors, a coordinated philosophy must be developed between service providers. There is a great deal of appeal to the idea of integrating services for the pregnant adolescent, as well as adolescent parents. Unfortunately, this kind of insightful

appeal tends to overlook the difficulties of transforming independently operating organizations into an integrated, cooperative entity.

Anastasiow (1982) states, "although there are exceptions, the programs designed to serve pregnant adolescents and adolescent parents will be unfunded, involve voluntary participation, and will lack the benefit of inter-agency involvement." The voluntary integration model is the model least likely to receive higher-level funding and legislation. It is this type of network which is most difficult to establish and one which we will discuss in this chapter.

In Virginia the efforts to address the problem of adolescent pregnancy and prevention have been diverse. The programs which have developed over the years vary in their goals. Many of the programs which we will discuss attempt to treat the young female adolescent before she becomes pregnant, during her pregnancy, and finally after the birth of the baby. (Other programs, although relatively few, work exclusively with the adolescent father.) Still other programs deal with the prevention aspect, more specifically, family planning.

In this chapter we will attempt to examine the various programs designed to address the problems of adolescent pregnancy prevention and programs that attempt to improve the outcome of those pregnancies that do occur.

1. Health and Medical (e.g., physical examinations and health supervision, family planning, pregnancy counseling, abortion, gynecological services;

    a. Planned Parenthood Affiliates Planned Parenthood Federation of America and its four affiliate Chapters in Virginia, share some basic beliefs: Family Planning is a matter of individual conscience

and freedom of choice. All individuals have a right to needed education and medical services. Secondly, sex education is the primary responsibility of parents supported by schools and religious organizations. And thirdly, the optimum method of family planning is consistent use of effective contraception. The organization supports the constitutional right of a woman to choose whether or not to continue a pregnancy.

The four affiliate chapters in Virginia are Planned Parenthood of Southeast Virginia, Inc., Planned Parenthood of Southwest Virginia, Inc., Virginia League for Planned Parenthood in Richmond, and Planned Parenthood of Northern Virginia.

Planned Parenthood of Southwest Virginia, Inc., like all family planning providers, lists teenage pregnancy as a priority for community action. In 1981, Planned Parenthood's continuing desire to focus attention and launch a project on this issue led to founding the Coalition for Strengthening Family Living, a 12-agency organization. In its brief existence, the Coalition has already secured a $7,500 grant to conduct a parent sexuality education project, supported a large grant application for serving pregnant teenagers, and gained the attention of the community from the Superintendent of Schools to the Virginia Society for Human Life.

The involvement of a large number of groups results from Planned Parenthood's recognition that, in times of restricted funding, a grant request from a multi-agency network will be better received than one from a single group; and that community

awareness will spread much faster through the larger network of contacts possessed by multiple organizations. A coalition also can provide increased manpower to accomplish agency goals.

Once the Coalition was formalized, it identified four areas of potential activity related to preventing teenage pregnancy: (1) educating parents to be the primary sexuality educators of their children; (2) working with adolescents; (3) working with pregnant adolescents; and (4) working with teenage parents. Member agencies had significant differences of opinion about specific areas of family planning and adolescent services. However, all could agree on the first activity area, and this issue, therefore, became the major focus of the new Coalition.

The project currently underway is called Open Line. Twenty volunteers from the Coalition's member agencies and the Junior League have been trained to deliver instruction for parents on discussing sexuality with their children.

The Coalition has not always operated smoothly. Besides having to deal with the initial opposition by conservative groups, the Coalition was initially hampered by the lack of written agreements from the boards of participating agencies; this meant that some organizations were surprised when confronted with information on programs in which they were apparently participating. Organizers now say that the Coalition should have developed a formal document, setting forth the Coalition's objectives and program plans, and circulated it to each agency's board for review and

signature. The Coalition also hopes to establish a separate telephone number for Open Line, since some members feel that having to use Planned Parenthood's number may discourage potential consumers. But participants agree that the greater effectiveness of the multi-agency group, enhanced by constant communication and good organization, has led to delivery of a valuable service which might have been impossible otherwise. For further information, contact Kathryn Haynie, Planned Parenthood of Southwest Virigina, 309 Luck Avenue, S.W., Roanoke, VA 24016; (703) 982-7621.

b. The State Department of Health, Richmond, Virginia

The mission of the Bureau of Maternal and Child Health is to: promote, protect, and enhance the health and well-being of mothers and children of the Commonwealth.

Functions of the Bureau of Maternal and Child Health

1. Assure the provision of quality maternal and child health services, to those mothers and children with low income or with limited availability or access to health services, either directly or through other service providers.

2. Assure the adequacy of a statewide program for the detection and management on inborn errors of metabolism; and the availability of diagnostic or evaluative services in Child Development Clinics.

3. Provide leadership as well as advocacy in a) planning, implementing and evaluating programs; b) establishing, promulgating and monitoring standards; c) educating providers and consumers; and d) promoting health care systems responsive to maternal and child health needs.

4. Provide technical assistance and interdisciplinary professional consultation to insure quality programs delivered by local health department and other service providers.

5. Provide administrative services to manage grants and appropriations and to evaluate the efficiency, effectiveness and utilization of expenditures.

The mission of the Bureau of Family Planning is to insure the availability, accessibility, and acceptability of family planning services for citizens of the Commonwealth who desire these services.

Functions of the Bureau of Family Planning

1. Consults with and insures training of local health department staff for delivery of family planning services and reproduction health information and education.

2. Promotes the voluntary adoption by local school boards of the Family Life Education curriculum (K-12) developed by the Departments of Education and Health.

3. Establishes standards of quality for all family planning services offered by the State Department of Health with input from the Office of Management for Community Health Services and other appropriate resources.

4. Prepares and distributes family planning policy and procedures to local health department clinics.

5. Evaluates and reports the statewide statistics derived from the family planning program services.

6. Procures, distributes, and accounts for program funds.

7. Administers a statewide program for cervical cancer screening and follow-up.

For further information about the services responsibility or of the Department of Health's, Bureaus of Maternal and Child Health or Family Planning, call (804) 786-7367 (Bureau of Maternal and Child Health) or (804) 786-5916 (Bureau of Family Planning).

2. Multiservice (Programs providing a range of services)

a. Norfolk Adolescent Pregnancy Prevention and Services Project

NAPPS is a linkage of seven community agencies joined to provide prevention and comprehensive intervention services to three adolescent populations in the city of Norfolk. They are the teenagers at risk of pregnancy, those who are pregnant, and those who are parents. Some of their goals are the following:

1. to provide comprehensive community services to assist in preventing initial and repeat pregnancies among teenagers;

2. to provide community services to improve the outlook for health, educational, social-emotional, and vocational functioning of Norfolk's pregnant adolescents, expectant teenage fathers, and their families;

3. to provide a single school setting with infant day care and meals for pregnant and recently delivered adolescents;

4. to increase accessibility and utilization of ours and other community agencies' services.

The seven agencies comprising NAPPS are Norfolk State University Norfolk Social Services, Norfolk Public Health, Stop Organization, Norfolk Public Schools, Planned Parenthood of Southeastern Virginia, and Norfolk Redevelopment and Housing Authority. Each agency has primary areas of service responsibility and population within the project.

For example, Norfolk Redevelopment and Housing Authority is responsible for:

- Consumer education
- Job readiness training
- Homemaking skills
- Vocational & recreational activities
- Referral for other needed services

Planned Parenthood of Southeastern Virginia mainly responsible for:

- Pregnancy testing & counseling
- VD screening & referral
- Family planning education & services
- Family life & human sexuality education
- Referral for other needed services

For further information, contact NAPPS, 2401 Corprew Avenue, Norfolk, VA 23504, (804) 623-8864.

b. Mecklenburg Council on Adolescent Pregnancy: Charlotte, North Carolina

The Mecklenburg Council on Adolescent Pregnancy was founded in 1980 with the express purpose of increasing community awareness regarding adolescent pregnancy and its consequences and to provide community leaders the chance to develop and share strategies for the prevention of adolescent pregnancy.

The Council comprises volunteers from all areas of the community. The nine permanent task forces reflect these groupings: agency/service providers, business, clergy, parents/community, adolescents, media, government/legal, medical/health, and schools/education.

The Council has created and supported many ongoing projects. Some of their activities have included workshops for parents on adolescent sexuality, community film festivals for teens and their parents, a teen hotline for information and referral, resource

directory for service providers working with adolescents, a speakers bureau, and many more.

As it was discussed in the Coalition Building Chapter, in order for the community as a whole to impact a problem, there is a continuous need for maintaining and rejuvenating the community's commitment through conferences, workshops, and the like. By focusing on the accomplishment at various activities, progress can be seen.

The Mecklenburg Council on Adolescent Pregnancy has been successful in gaining the support of its community and its leadership. It now stands out nationally as a model program in a community which is committed to adolescent pregnancy prevention. For further information, contact the Mecklenburg Council on Adolescent Pregnancy, P. O. Box 35009, Charlotte, NC 28235.

3. Educational (Parenting, Infant and Child Care, Health and Life Skills)

a. Teen Parent Project Description

The Teen Parent Project is designed to help teenagers, ages 19 and below, learn appropriate parenting skills through twelve weekly educational sessions and six bi-weekly workshops of special interest to the participants. To facilitate the psychological development of the young parent and to equip him/her with necessary parenting skills is the two fold purpose of the project. Such topics as self esteem, life planning, child development, total family relationship, communications and disciplinary techniques are featured in the

educational sessions. Interaction with the families of the teens is fostered through home visits, family counseling, if indicated.

Classroom learning is enhanced through the use of games, team projects and other experiential learning techniques. Special enrichment workshops are utilized to help participants learn how to use toys, art, music and literature with their children, how to budget their money, how to apply for a job, how to plan meals and related topics of interest.

Teen Parent Project also provides childcare and transportation for the participants through the use of volunteers. Where/when it is appropriate they have outside speakers to come in, in order to expose the participants to other community resources.

The Teen Parent Project was originally funded by a Community Block Grant from the City of Lynchburg for one year for city resident's only. Recently funds were received from the Tolerton Foundation and the Virginia Family Violence Prevention Program to continue the project and extend services to the surrounding counties of Amherst, Campbell and Bedford. The project is administered solely by Family Service. For further information, contact Teen Parent Project, Family Service of Central Virginia, Inc., 1010 Miller Park Square, Lynchburg, VA 24501, (804) 845-5944..

b. The Park School

Park School is a special program set up by the Richmond Public School System to provide educational services for girls who become pregnant while in secondary school. When the program was initiated in 1969, it was only an alternative education program for pregnant girls who wished to continue their high school education. However, since 1972, the School Board has ruled that girls who became pregnant while in school may remain in their regular schools if that is their choice and there are not medical complication.

The program is available to any girl in the 6th through the 12th grades and she must be a resident of the City of Richmond. The Park School teachers are certified secondary school teachers who care about young, pregnant women. Park also has a qualified guidance counselor who is able to provide information about the community and services available to adolescent mothers and/or adolescent parents, from job training to financial assistance. Every girl at Park School is expected to participate in at least one interview with the counselor. Parent, husband, or boyfriend involvement is welcomed and encouraged.

Park School also has a part time registered nurse who is available to counsel students regarding the medical aspects of labor, delivery and child care. Medical care is availabe and mandatory during the pregnancy and also after the baby is born. For further information, contact the Park School, 100 W. Baker Street, Richmond, VA 23220 (804) 780-4642.

c. Pride in Parenting

The Pride in Parenting Program is located in Norfolk, Virginia and provides services to parents/infants residing in Norfolk. Pride in Parenting is a primary prevention program against child abuse. The service delivery consortium is composed of Children's Hospital of The King's Daughter's, DePaul Hospital, Norfolk Area Health Education Center, Norfolk Community Hospital, and Norfolk General Hospital. In order to provide parenting education and support to parents in the Norfolk area, Pride in Parenting was offered in several community settings in Norfolk. Five Multi-Service Centers housed this program: Berkley, Brambleton, Huntersville, Little Creek, and Park Place. In addition to these centers Pride in Parenting was offered through the Norfolk Adolescent Pregnancy Prevention Services, St. John's Lutheran Church, Coronado School (school for pregnant school age girls), Armed Services YMCA, Children's Hospital of the King's Daughters, DePaul Hospital, Norfolk Community Hospital, and Norfolk General Hospital.

The networking that has occurred in the Norfolk community among agencies and organizations concerned about the total well-being of children as a result of this program has been extensive. Pride in Parenting has received national recognition with television coverage on Nite Line, 20/20, and Good Morning America.

Although this program was funded as a one year demonstration grant, the Norfolk community wants the program to continue.

DePaul Hospital, Norfolk Community Hospital, and Norfolk General Hospital have incorporated the Pride in Parenting Program into their Maternal Services.

For further information contact Ms. Bonnie Wittman, Pride in Parenting Program, 721 Fairfax Avenue, P. O. Box 1980, Norfolk, VA 23507, (804) 446-5017.

4. Social (Providing direct service, case work/case advocacy)

a. Teen Father Collaboration

The Teen Father Collaboration is a two-year national demonstration program designed to generate new knowledge about ways that social agencies can effectively reach and serve teenage fathers, often the neglected partner in adolescent parenthood. Teenage fathers have traditionally been ignored by social service agencies despite possible benefits to the teen mother, the child, and the father himself. In this experimental program, agencies in eight cities that are already serving teenage mothers, will expand their services to help young fathers complete school, obtain job skills and possible employment, and become involved in child-rearing and family planning. Overall, the program is designed to enable young fathers to contribute to the emotional, intellectual, and social development of their children, as well as to their economic support.

The program is being implemented through the collaboration of local agencies, their community foundations, the Ford Foundation, and the Bank Street College of Education. The

community foundations fund the local agencies to extend services to teenage fathers and also foster community interest in the issue; the Ford Foundation supports these agencies to collect research data for documentation of the Collaboration. The Ford Foundation also funds Bank Street College's role in the program: to provide training and technical assistance as needed; foster a network of support and information exchange among participating agencies and foundations; document the program and supervise the research; and disseminate the findings of the Collaboration. For information on the Ford Foundation's grant, contact Research Division, Bank Street College, 610 W. 112th Street, New York, NY 10025.

One project made possible by the grant is called T.A.P.P. (Teenage Pregnancy and Parenting Project). This project has established a system to provide comprehensive services to pregnant teens and teen parents through San Francisco. The primary site University of California/San Francisco General Hospital, houses (co-locates) the Family Service Agency of San Francisco, Department of Social Services, San Francisco Public Health Department, San Francisco Schools, Children's Home Society, Florence Crittenton and the Gallery Faire/Teen Food Conspiracy who provide their agency related services. Clients can participate in one of four systems and receive all core and supplemental services.

1. A comprehensive single site receiving all health, education and related services at SFGH, Hilltop and TAPP.

2. Partial single site with health care at SFGH and education elsewhere.

3. Partial single site with education at Hilltop and health care elsewhere (public and private).

4. All health care and education off-site.

Clients in all four systems receive the case management services of a continuous counselor, who serves as primary contact in order to personalize the relationship between client and service network, facilitate service delivery and conduct follow-up to insure services are received. Nurtrition consultation and education, referral to a home visiting public health nurse, health education, eligibility to shop at the Teen Food Conspiracy and access to the services of the co-located agencies are other services provided.

An additional component recently developed insures that young fathers also receive comprehensive services. The Fatherhood Project uses a community worker and peer counselors who do outreach to male partners of female clients. Male partners receive counseling; referrals to health care, GED and other educational programs; recreational activities and job referrals. In addition, the Fatherhood Project is beginning to address systems barriers (health, school, legal and social) that prevent young fathers from receiving services and support that enhance their fathering capabilities. For further information on the T.A.P.P. project, contact Family Service Agency of San Francisco, c/o San Fancisco General Hospital, 995

Potrero Avenue, Ward 80N, San Francisco, CA 94110 (415) 821-5340.

b. Welcome Baby, Columbia, South Carolina

Welcome Baby is a primary prevention program at the Council on Child Abuse and Neglect, Inc. (a United Way Agency) of Columbia, South Carolina. It is a volunteer program of caring, sharing and support that reaches out to new mothers as they learn to be parents.

The program was begun in Columbia, South Carolina, in 1978, through the cooperative efforts of the Council on Child Abuse and Neglect, the Junior League of Columbia, and Richland Memorial Hospital.

Welcome Baby works very closely with the Council on Child Abuse and Neglect by utilizing other program services such as Parent Friends, Parent Aides, Parenting Skills, and Clothes and Equipment Closet.

The Welcome Baby Program goals are easily adapted:

1. personal support for new mothers by individual contact;

2. reinforcement of strengths and support for quality parenting;

3. better emotional prepartion for parenthood;

4. early identification and intervention for families at risk;

5. prevention of abuse and/or neglect by reducing isolation and stress of troubled parents.

6. increase parents' awareness of community resources.

"Given the extraordinary number of children who are reported abused and neglected, and the inability of the present system to significantly reduce the incidence, primary prevention program are an urgent necessity for every community."

The fact that there are parents in need and persons who want to help is sufficient reason for starting a Welcome Baby program. For more information on "Welcome Baby", contact Council on Child Abuse and Neglect, 1800 Main Street, Suite 2-C, Columbia, SC 29201 (803) 254-0277.

5 Foundations

The Charles Stewart Mott Foundation (Flint, Michigan) has bee involved with issues of adolescent pregnancy for more than 15 years. Charles Stewart Mott approached the Mott Children's Health Center, another Flint Agency in the early 1960's, to provide space for a maternal and child care program. A spinoff program, Family Life Education, was created with Foundation Support and then picked up by the Flint Board of Education. In 1967 the Foundation began 14 years of funding to Flint's Continuation School, and alternative high school for pregnant teenagers.

Since 1978 the Foundation has supported a network of programs with the objective of finding new ways to deal with the negative consequences of pregnancy and teen parenthood.

Programs in the Mott Network serve a wide range of teens - black, white, Hispanic, Chicano, and Native American. The services range from prevention and outreach to hand-holding during labor and delivery. Some of the programs currently being funded by the Mott Foundation are:

a. The Continuation School for Girls - Flint, Michigan

As was stated above this is an alternative high school program which provides academic coursework and social services to young, pregnant women to help them continue their education, to increase the quality of health care and birth outcomes, and to reduce repeat pregnancies. The program also provides an infant-care laboratory.

b. Cyesis - Sarasota, Florida

Cyesis is a school based program operated by the School Board of Sarasota County. The program has an academic, home, and family living component. Cyesis (a Greek word for pregnancy) was developed out of a community education model but is now a part of vocational education. Depending upon her needs, a student can get transportation, free meals, daycare, and individual or group counseling as well.

c. Parent/Infant Interaction Program St. Louis, Missouri

Parent/Infant Interaction Program of the St. Louis, Missouri, Public Schools, is a low-cost, school based program for teens who are pregnant or parenting. It encourages completion of high school

and offers educational and counseling services directed toward that goal. PIIP is basically an after-school program, and operates 12 months of the year.

Since 1978 when it began, PIIP has served more than 1,000 teenage parents in a school district where an estimated 10 percent of the secondary school students are pregnant or parents. The program seeks out those students who do not know their way around the system, who can be easily frightened off. Most of the PIIP participants are from the lowest-income population of the city. Most are black. Many live in public housing.

In 1981, PIIP opened an infant day care center called "The Crib". The Center also serves as an infant learning laboratory. Parents and parents-to-be pay a small fee so that they get used to the idea of budgeting funds for day care.

d. Comprehensive Adolescent Health and Education Program

New York, NY

Columbia University developed this prevention program in New York City to increase the number of teens - primarily Hispanic and black -- using a clinic for pregnancy prevention and other services.

This program is a hospital-based program which provides outreach/education, referral and linkage among other service providers. Probably its greatest accomplishment has been its acceptance by the community. They have proven that an institutional-community partnership works.

d. Teen Parent Family and Support Program, Boston, Massachusettes

Teen Parent Family and Support Program is a hospital-based program located in 11 sites of the Alliance for Young Families Network. The program provides post-partum casework services to adolescent women, most of whom are on welfare or are welfare eligible, between the ages of 14 - 18.

Teen Parent Family and Support Program also provides monthly home visits, family day care, and assists with the coordination of educational and employment services.

For further information about any of the programs mentioned or for information on others sponsored by this foundation, contact Charles Stewart Mott Foundation, Mott Foundation Building, Flint, Michigan 48502, (313) 238-5651.

Conclusion

The Mott Foundation is not alone in its efforts to reduce the staggeringly high statistics on adolescent pregnancy. Some other foundations working in this area include The Pew Memorial Trust, The Lilly Endowment, The Educational Foundation of America, Andrew W. Mellow, Robert Wood Johnson, and The Playboy Foundations, to name a few.

These programs were chosen as representative models of successful strategies, not necessarily the best program of a particular type.

A coalition has to decide what strategies or programs are best for its own community and what will work. Perhaps in some cases a part of a program might be all that is appropriate.

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